POOLE

BOROUGH OF POOLE

Annual Report

FOR 1932

ON THE

Health and Sanitary Circumstances of the Borough

BY

R. J. MAULE HORNE,

M.A., M.B., Ch.B., B.Sc., D.P.H.,
Medical Officer of Health,
School Medical Officer,
Port Medical Officer,
etc.

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Borough and County of Town of Poole.

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ANNUAL REPORT

For the Year 1932

ON THE

HEALTH AND SANITARY CIRCUMSTANCES OF THE BOROUGH & PORT OF POOLE

AND OF THE

SCHOOL MEDICAL SERVICE OF THE BOROUGH

BY

R. J. MAULE HORNE,
M.A. (Hons.), M.B., Ch.B., B.Sc., D.P.H.

Medical Officer of Health School Medical Officer
Port Medical Officer
Medical Superintendent, Borough Isolation Hospitals
Medical Officer for Maternity and Child Welfare
Director, Public Health Laboratories.

PART I ... PUBLIC HEALTH.
PART II ... PORT SANITATION.
PART III ... MATERNITY AND CHILD WELFARE.
PART IV ... SCHOOL MEDICAL SERVICE.

PART I.

Public Health.

PUBLIC HEALTH COMMITTEE, 1932.

The Worshipful The Mayor:
Alderman H. S. Carter, J.P.

Chairman:
Councillor W. J. Stickland.

Vice-Chairman:
Councillor Miss C. H. J. Paterson, J.P.

Aldermen:

F. J. Bacon, J.P.
J. C. W. Julyan, J.P.

Councillors:

J. Bright.
G. S. Brown.
D. A. Haynes.
L. A. Tawney.

W. G. Fry.
C. Grey-Edwards.
W. G. Heckford.
H. Y. Salkeld, D.S.O.

PUBLIC HEALTH DEPARTMENT.

STAFF :

Medical Officer of Health		§R. J. Maule Horne, M.A. (Hons.), M.B., Ch.B., B.Sc., D.P.H.
Assistant Medical Officer of Health		†G. Chesney, M.B., Ch.B., B.A.O., D.P.H., Cert.T.M. & H.
Sanitary Inspectors and Inspectors under Diseases of Animals Acts	Poole	§P. W. Wheeler, Cert.R.S.I., M.S.I.A.
	Branksome	§C. A. Trim, Cert.R.S.I., M.S.I.A.
	Longfleet	§J. Power, Cert.R.S.I., M.S.I.A.
	Parkstone	§†A. E. Hollox, Cert.R.S.I., M.S.I.A.
Matron, Borough Isolation Hospitals.		Miss A. Brown, S.R.N.
Health Visitors and School Nurses		*Miss A. L. Hooper, C.M.B., A.R.S.I.
		*†Miss L. B. Lever, C.M.B., R.F.N. S.R.N.
		*Miss C. C. Mount-Batten, C.M.B., S.R.N.
		*Mrs. H. I. Partridge, C.M.B., Cert.R.S.I.
		*Miss B. A. Sydenham, Cert. Nurse
Chief Clerk		*F. B. Edwards
Clerks		Miss E. I. Tapper.
		*Miss I. D. Maynard, resigned June, 1932.
		†Miss K. D. Codd, appointed June, 1932.
		†J. H. Player.
		†D. V. Prothero, appointed June, 1932.
Laboratory Assistant		D. W. Rogers
Sanitary Inspectors' Assistants		J. Blunden
		†V. B. Jenkins
		A. R. Tarrant
		†W. E. C. Wellman

CONSULTANT AND PART-TIME SPECIALISTS.

Obstetrical Consultant	†S. Gordon Luker, M.A., M.D., B.Ch. (Cantab.), M.R.C.P. (Lond.), F.R.C.S. (Ed.)
Ophthalmic Surgeon	Alex Stables, M.B., C.M.
Nose and Throat Surgeon	C. Salkeld, B.A. (Lond.), M.B., B.S. (Durham).
Radiologist	D. D. Malpas, M.R.C.S., L.R.C.P
Anaesthetist	J. C. A. Norman, M.R.C.S., L.R.C.P.
Dental Surgeons	L. B. Myers, L.D.S., M.B.E.
	R. G. S. Holmes, L.D.S.
Public Analysts	C. G. Moor, M.A., F.I.C.
	W. Partridge, F.I.C.
Veterinary Surgeon	J. S. Wood, M.R.C.V.S.

Note : † Increases to staff during the past five years.
* Contributions to Salary by Exchequer.
§ Contributions to Salary by County Council.

PREFACE.

To the Mayor, Aldermen and Councillors of the Borough of Poole.

I have the honour to present my Twelfth Annual Report on the General Health and Sanitary Condition of the Borough.

Many directions of local expenditure have met with microscopical investigation and critical discussion of late, and not least the Health Services.

The term "Health Services" requires in itself to be first clearly defined. There can be sensed a growing tendency to consider some branches of the Health Services as suitable pegs on which to hang the legitimate responsibilities of the Public Assistance Committee. Hence the corresponding tendency for such aspects as School Medical Service and Maternity and Child Welfare Service to mount yearly in expenditure.

If a Public Health Service—as a preventive Service—is to justify its existence, its cost should gradually fall, provided that

(1) *the new duties and responsibilities accruing do not outweigh a normal process of attenuation of cost ;*

(2) *the cost of operating the Social (e.g. Housing) Services is not allowed to reflect too heavily on the strictly preventive Service.*

Be that as it may, in so far as the Medical Officer of Health has financial responsibility in these activities, the cost of the Health Services in Poole in 1921 *was* 5/8½ *per head of the population. For the year* 1931-32 *it was* 4/10¾, *and for the year* 1932-33 *it is again estimated to be* 4/10¾.

Municipal progress brings heavy responsibilities upon the governing citizens, and not the least of these is the obligation to maintain a standard of Public Health and Hygiene worthy of a district to which Nature has already bequeathed a coveted inheritance

Summarising this Report for 1932 :—

(1) *The Population has risen by* 1450, *which maintains the remarkable increase of the last intercensal period.*

(2) *Building continues its activity. While the* 491 *houses of* 1932 *is not a record, there is growing evidence that the figure for the coming year will be so.*

(3) *The Corrected Death Rate equals the lowest recorded, in* 1925.

(4) *The Birth Rate has not fallen, but infant deaths were slightly higher, at* 55.2 *per* 1,000 *births, than the record of* 43.2 *of* 1931.

(5) *There has been a marked reduction in cesspool drainage.*

(6) *Infectious illness was again much reduced. The fight against Diphtheria continues, and attention is particularly directed to the special report by Dr. Chesney dealing with Immunisation, which is embodied in the section on the School Medical Service. The fight is not over yet. Ultimate victory lies with the great Reserve—the intelligent public.*

(7) *Two more miles of water mains have been laid.*

(8) *We carry over into the new year a good credit balance in Health.*

I wish again to thank the Chairman and Members of the Committees, the Heads of other Departments, and my entire staff, Office, Out-door and Hospital, for their continued co-operation and support.

I am,
Your obedient Servant,
R. J. MAULE HORNE.

Poole, June, 1933.

GENERAL STATISTICS.

(1) *Area of Borough.* 7,964 acres (12½ square miles), not including 2,220 acres (3½ square miles) of tidal waters and foreshore.

The Local Government Act of 1929 is leading to many changes of boundary generally throughout the country, especially where progressive municipalities have adjacent to them Rural Districts with "islands" of urban advancement, willing but handicapped from the point of view of up-to-date local administration.

For Poole, a draft scheme of extension of boundaries included the following parts of Poole Rural District :

	ACREAGE	*POPULATION* *(Estd.)*
Parish of Canford Magna, including Broadstone	7677	2985
Upton part of Parish of Lytchett Minster	723	410

The Scheme, however, as finally approved, excluded the latter area. From a Public Health aspect this decision is to be regretted, and a rapidly developing "island" contiguous to and closely associated in development with the Hamworthy end of the Borough, is now relegated to the fringe of an already unwieldy Rural District (Wareham and Purbeck).

This, however, is not directly a concern of the present year's report, which therefore covers the same area as in 1931.

(2) *Population* :	(*a*)	As at Census of 1/4/1921	43,649
		As at Census of 1/4/1931	57,258
	(*b*)	Estimated by Registrar General as at 1/6/1932 ...	58,230
	(*c*)	Estimated to 31/12/1932	59,000
Total Number of Houses (as at Census, 1921) ...			9,400
Total Number of Inhabited Houses from Rate Books December, 1932			15,019
Number of Houses completed between 1921 and 1932			5,653

Detailed Census Statistics as to housing, occupations, density, etc., are not yet available for the County of Dorset. Figures dealing with population and housing therefore are still constructed from the 1921 Census.

In the 10 years prior to 1921, the population of the Borough increased by 4,764 inhabitants: between 1921 and 1931 by 13,609, and the population estimated for the end of 1932 is 59,000.

The collateral development in housing is shown below.
To the population of 1921, viz., 43,649
the Registrar General made changes
as follows :—

				Houses completed.
In 1922	... ...	—	399	145
1923	... ...	+	610	227
1924	... ...	+	1290	519
1925	... ...	+	1000	621
1926	... ...	+	3000	574
1927	... ...	+	1880	499
1928	... ...	+	1910	514
1929	... ...	+	930	589
1930	... ...	+	2280	704
1931	... ...	+	630	600
1932	... ...	+	1450	491
			14,581	5,653

Giving a population as at June, 1932 of (circa) 58,230

A comparison of this estimated annual fluctuation in population with the housing activities as given over the same period is interesting, and will be referred to again under Population and Housing.

	1931	1932
(3) *Rateable Value* :	£461,327	£490,551
Sum represented by a Penny Rate : ...	£1,922	£2,044
Rate Cost of Services :		
Infectious Hospitals	1.9d.	2.0d.
Prevention of Disease	.3d.	.3d.
Salaries	.6d.	.6d.
Sewerage and Sewage Disposal ...	7.2d.	7.3d.
Collection, etc., of Refuse ...	6.6d.	6.0d.
Public Baths and Washhouses ...	.3d.	.4d.
Parks and Open Spaces	2.8d.	4.1d.
Public Conveniences	.4d.	.3d.
Food and Drugs Act	—	—
Building Inspection	.6d.	.6d.
Port Sanitary Service	.1d.	—
Maternity and Child Welfare ...	.5d.	.8d.
School Medical Service	1.6d.	1.5d.

PHYSICAL FEATURES.

The Borough of Poole occupies the extreme South-East corner of the County of Dorset, and is the largest Town in the County. The extreme width from East to West is about 7 miles, and from North to South about 4 miles.

The plateau of Parkstone and Branksome behind the older parishes of Poole, Longfleet and Hamworthy, rises sharply at Constitution Hill and Newtown in the West, and continues East to Canford Cliffs, Branksome Park, and the Eastern boundary of the Borough, which is also the County Boundary between Dorset and Hampshire.

As to geological formation, the parish of St. James is situated in alluvium ; that of Hamworthy on valley gravel, Bagshot beds and plateau gravel. Sandbanks is of blown sand. In Parkstone and Branksome the geological stratum is mainly the Bagshot beds of sand, brick-earth, pipe-clay, and lignite, with many pockets of plateau gravel. The Reading beds, lying below the abovementioned strata, separate them from the chalk, which, although it comes to the surface a few miles North of the town, does not outcrop within the Borough.

The extensive enclosed waters of the Harbour, sheltered themselves by the Purbeck Hills, exert a controlling influence on the temperature, rendering the surrounding areas cool in summer and tempering the cold in winter. Hence the Town escapes many of the damp sea mists to which the coast line is subject.

The dependability of its general climatic conditions is now being more fully recognised, and the Town is rapidly increasing in popularity as an all-the-year-round Health Resort, especially by people who have spent many years in tropical or sub-tropical countries.

An abundance of pine woods serves to maintain and to enhance the value of an equable climate, and to give the district a high claim as a recuperative centre for those liable to Bronchitis and Asthma.

The quite exceptional rate of development which has been a marked feature of the last ten years also unfortunately brings with it the threat of diminution of the pine-clad areas. It should therefore be the desire and the practice of every owner of ground in the Borough—and the Corporation itself is a land-owner—to see that no tree be sacrificed where this can reasonably be avoided, knowing that the Town will be for ever the poorer. The Hills and the Harbour may be said to defy time ; but if Poole will maintain its pride, it must preserve its pines.

It is interesting to record that only about thirty years ago the first blades of rice grass (Spartina Townsendii), which now covers some square miles of the Harbour, were found there. As a natural shore-binder this grass is of considerable value, and is being elsewhere used as an assistant in reclaiming low-lying foreshore land.

A small stream—the Bourne—rises in the northern part of the Borough, and flows out to sea, through the ornamental gardens of Bournemouth. It is not polluted by sewerage, although in part of its course it is not far removed from dwelling-houses. It is in process of being culverted in part, and where left open its banks and proximity are receiving full artistic consideration under the Town Planning Scheme.

Another stream runs down through the Branksome Chine, arising from a spring in the centre of Branksome Park. This has now been transformed throughout its course into a fascinating park belt.

SUNSHINE AND RAIN.

For many years the value of a Health Resort has been largely gauged by its daily sunshine, as recorded by the sun's direct light on sensitized paper. Modern investigation, however, is upsetting old theories, and now a much more valuable estimate of the health-giving value of the sky over an area is obtained by recording the actual strength of the "ultra violet" rays of the vault, as they reach the earth's surface. It is in short, this "irradiation" of the earth which makes life possible, which gives the land its "green-coat," and which determines Nature's normal standards.

If we obstruct these ultra-violet rays in their passage towards the living body, the body suffers either by rickets, anaemia, or some other fault of "deficiency." Therefore, the less we allow these rays to be obstructed or filtered away by our surroundings, such as metal, wood, smoke, dust, glass, clouds, and other ray-dense substances, the more will we benefit physically.

In May, 1928, the Public Health Department of Poole commenced recording the "irradiation value" of the sky over the Town. In 1931, the average monthly strength in units was 2.07 units, and in 1932, 1.75 units, agreeing in this respect with Ventnor.

The average Rainfall for the Town is 31 inches. In 1931 measurable rain fell on 176 days, the total amount reaching the top of the plateau being 28.15 inches. In 1932, the total was 29.57 inches on 167 days.

A Climatological Station is being established as an integral part of the new Municipal Buildings in the centre of the Town. This Station will issue daily weather reports for public information and guidance.

LOCAL CONDITIONS, OCCUPATIONS AND INDUSTRIES.

There is no definitely industrial "Zone" in the Town, except inasmuch as trade seeks sea-borne or rail-borne facilities. The Pottery, Brick and Tile industries locate themselves where the appropriate natural material offers itself. A portion of the Borough still retains a semi-rural character, but building developments are rapidly changing the aspect.

Industrial employment is found chiefly in the Pottery, Brick, Earthenware and Tile manufacture, the engineering trades, building and associated trades, timber yards, fishing and dock labouring, Gas Works, etc. At the Branksome end of the Borough a considerable element of the residents find employment in the neighbouring County Borough of Bournemouth.

Unskilled labour—quayside and general—forms a larger percentage than is desirable. A low wage-earning capacity militates against an improved social standard—with consequent hardships in health and in disease.

UNEMPLOYMENT AND RELIEF.

Inasmuch as Poole is to some extent an industrial Town, as well as having the features of a Coast Resort, fluctuations in employment are of two kinds, the one periodic dependent upon general industrial conditions, and the other seasonal, as is found in most Seaside and Health resorts. From this it results that the minimum of employment is seen more often in the summer months.

For the five-year period 1926-1930, the condition of the labour market is shown below.

Year.	Average of Unemployment	Unemployment as at December	Relief as at December
1926	625	625	1206
1927	492	896	1609
1928	700	913	1320
1929	634	1066	1239
1930	788	1194	1349
Annual Average	645	939	1345
1931	1355	1723	1334
1932	1920	2050	1434

It will be noticed that the fluctuation in the unemployment figures from year to year does not appear to influence directly to any appreciable extent the figures representing those receiving relief in some form at the hands of the Guardians Committee.

It is interesting to note that at the end of 1913, i.e. the last pre-war year, the number in receipt of relief in some form was 1452, in a population 24,000 less than it is to-day.

PUBLIC PARKS AND RECREATION GROUNDS.

Apart from the extensive and picturesque sands and sea-front, the Borough is well supplied with open spaces, which act as "lungs" for the use of the General Public. These are

Poole Park	42 acres.
Branksome Dene	12½ ,,
Ladies' Walking Field ...	9 ,,
Wimborne Road	13 ,,
Green Park, Longfleet ...	1 ,,
Constitution Hill	7 ,,
Parkstone Park	3 ,,
Jubilee Road	¾ ,,
Alexandra Park	7 ,,
Compton Acres	2 ,,
Evening Hill, Lilliput ...	3½ ,,
Canford Cliffs	12 ,,
Sandbanks	12 ,,
Hamworthy Park	18 ,,
Hamworthy Recreation Ground ...	16½ ,,
Coy Pond Gardens	6¾ ,,
Bourne Vale Recreation Ground ...	22 ,,
Marline Road	2½ ,,
Branksome Chine Gardens ...	22 ,,
Branksome Chine	25 ,,
Widdicombe Recreation Ground	2 ,,

These are provided with organised recreational facilities as follows :—

Football Pitches.

Hamworthy Recreation Ground ...	3	
Ladies' Walking Field ...	2	
Wimborne Road	1	
	—	6

Hockey Pitches.

Poole Park	2	
Wimborne Road	1	
	—	3

Rugby Pitch.

Hamworthy Recreation Ground ...	1	
	—	1

Net Ball Pitches.

Poole Park	1	
Wimborne Road	1	
	—	2

Cricket Pitches.

Poole Park	2	
Wimborne Road	1	
Grammar School	1	
	—	4

Tennis Courts.

Poole Park	...	3 Grass	2 Hard	
Canford Cliffs	...	2 ,,		
Branksome Park	...	2 ,,	3 ,,	
				12

Bowling Greens.

Poole Park	...	...	2	
Alexandra Park	...	...	1	
Branksome Park	...	...	1	
			—	4

Children's Gymnasia.

Ladies' Walking Field	Swings and See-saws.
Alexandra Park	do.
Hamworthy Recreation Ground	do.

Putting Greens.

Poole Park	...	...	1 nine-hole.
Sandbanks	...	...	1 nine-hole.

VITAL STATISTICS.

Quinquennial figures under several headings from 1885 onwards are given in Table A.

For the last five-yearly period details are enumerated for comparision below :—

Year	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
		Birth Rate.	Marriage Rate.	Crude Death Rate.	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate.
1927	58.1	17.5	16.0	12.30	1.45	0.71
1928	50.2	17.3	15.1	11.92	1.42	0.61
1929	46.3	16.8	16.8	13.16	1.50	0.56
1930	57.6	16.7	15.4	12.39	1.87	0.87
1931	43.2	15.8	16.5	12.50	1.81	0.84
Average for Poole ...	51.1	16.8	15.9	12.45	1.61	0.72
1932 Poole ...	55.2	15.8	15.3	11.7	1.58	0.65
England & Wales ...	65.0	15.3	15.2	12.0	1.51	0.69

For 1932 in detail, the particulars are set out below :—

		Total.	*Male*	*Female*	
Live Births	Legitimate	850	408	442	Birth Rate :
	Illegitimate	37	15	22	~~15.23~~ 15.8
Still Births	Legitimate	30	22	8	Rate per 1,000
	Illegitimate	3	2	1	total births 35.9
Deaths	... ...	682	375	307	Death Rate :
					General 11.73
					Corrected 9.87

Percentage of Total Deaths occurring in Public Institutions ... ... 15.7 per cent.

Maternal Deaths. Number of women dying in or in consequence of childbirth :—
(a) from Sepsis 1
(b) from other causes 0

Infantile Deaths, or deaths under 1 year, per 1,000 live births :

(a) Legitimate :	46	Rate :	54.12	Combined
(b) Illegitimate :	3	Rate :	81.08	rate 55.2

Neo-Natal Deaths, or deaths under 4 weeks, per 1,000 live births 29.3

Deaths from Measles (all ages) : ... —

Deaths from Whooping Cough (all ages) : 3

Deaths from Diarrhoea (under 2) ... 3

The following statistics are based on the Registrar-General's estimate of the population at mid-year 1932 of 58,230 inhabitants.

The Birth Rate was 15.~~2~~83 per 1,000 of the population and is steadily falling. For the country as a whole the rate was ~~15.96~~. 15.3.

The Infantile Death Rate. This is discussed in detail in the section of the Report dealing with Maternity and Child Welfare. The rate of deaths per 1,000 live births in 1931 was 43.2. In 1932 it rose to 55.2. For England and Wales as a whole, the 1932 infantile death rate was, in the great towns, 69, in the smaller Towns 58, with an average of 66.

The Marriage Rate. For 1932 this was 15.3 per 1,000 of the population, as compared with 16.5 in 1931.

The Death Rate. The general death rate for the year was 11.73, as compared with 12.49 for 1931. For the whole country the death rate was 12.0, which is .3 below the rate of 1931.

Speaking generally, in an essentially residential district like Poole, the influx of population tends to be elderly : to a busy manufacturing centre, a younger adult life is attracted. This factor helps to keep the death rate high in the former case.

In an industrial town, the proportion of population which reaches the age of 65 years is about 33 per cent. of the whole. In Poole, of all deaths during recent years, over 40 per cent. have exceeded that age, and in 1932, 51.6 per cent.

In estimating what is described as the Corrected Death Rate for Poole, the Registrar General makes an allowance for any abnormal "age distribution" of the population, and also for the "sex distribution," which shows the death rate in a more favourable light, when these two modifying factors are taken into account.

The resulting death rate is actually 9.87 per 1,000 of the population. This method of gauging the relative healthiness of a district is more accurate than by reference to the General Death Rate.

The Cancer Death Rate. The total deaths from malignant disease in 1932 were 92, which gives a death rate of 1.58 per 1,000 inhabitants. In 1931, the figure was 1.81. For England and Wales in 1932, the figure is 1.51.

Deaths from Pulmonary Tuberculosis numbered 38. The resulting rate is .65 per 1,000 of the population, the figure for England and Wales being .69.

WATER SUPPLIES.

The main water supply for the district is provided by the Corporation Waterworks at Corfe Mullen, about 6 miles N.W. of the Town. A section of the population, numbering about 9,000, at the East end of the Borough, is supplied from the reservoirs of the Bournemouth Gas & Water Company.

Prior to the year 1910, the Town obtained its supplies from reservoirs in the Waterloo, Lilliput, Alderney and Springfield districts of the Borough. In 1906 the Corporation decided to purchase these works, which were the property of the Poole Waterworks Company.

In 1910, the old supply was entirely replaced by the purer water from the Corfe Hills. In 1919, a mechanical chlorinating plant was installed, and a scheme of improvement and extension was commenced at a cost of £82,000, to meet the needs of the rapidly growing population of the Borough, of Broadstone, Corfe Mullen and Lytchett, and of other outlying districts within the limits of supply.

Over 2 miles of new water mains have been laid during the year.

The water maintains an excellent and consistent standard of bacterial purity. The only defect is that, like all other chalk waters, it is rather hard.

A complete chemical analysis of the water has been made in 1932, with the following result :—

Chemical Results in parts per 100,000

Turbidity : ... ... Clear and bright.
Colour : ... ... Normal.
Odour : ... ... Nil.
Reaction pH. ... ... Neutral 7.7
Free Carbonic Acid : ... —

Electric Conductivity at 20°C. :	475
Total Solids, 180°C. :	31.5
Chlorine in Chlorides :	2.4
Nitrogen in Nitrates :	0.16
Nitrites :	Trace.
Hardness, permanent :	5.5
temporary	18.5
Total :	24.0
Metals :	Absent.
Free Ammonia	0.0016
Albuminoid Ammonia	0.0024
Oxygen absorbed in 3 hours at 37°C. ;	0.0750
Number of Bacteria per c.c. :	
On gelatine in 3 days at 20° C. :	8
On Agar in 24 hours at 37° C. :	2
The Bacillus Coli	Absent in 100 c.c.
Bacillus Welchii (B. Enteritidis Sporogenes)	Absent in 100 c.c.

The remarks of the Analyst—Dr. J. F. Beale—on these figures are :—

" This is a clear and bright, colourless and odourless water of neutral reaction. It is hard in character, and the main part of the hardness is of a temporary nature. The water is entirely free from metals and contains no excess of saline matter.

" Both organically and bacteriologically, it is of a high standard of purity, and is, therefore, a pure and wholesome water suitable for drinking and domestic purposes."

The consumption of water supplied by the Borough Scheme in 1932 was 554,955,680 gallons, representing an increase of about 33,500,000 gallons on that of 1931. This includes the outlying districts referred to. It is therefore not easy to deduce an average ' per head ' consumption for the Borough.

The system of purification by chlorination provides the Town with water of a high standard of bacterial purity, samples of well and tap water being periodically submitted to examination in the Borough Public Health Laboratories.

The geological strata from which the wells draw the water cause this to be of "hard" quality. It fluctuates about the maximum point of hardness which is considered tolerable as a standard for general use.

The total storage capacity is 6,670,000 gallons, with a pumping capacity of 96,000 gallons per hour.

Extensive alterations are being carried out at the Corfe Mullen

Pumping Station, including alterations to Engine house and duplication of the 16 inch pumping main, and the provision of a triple-expansion steam engine and deep well pumps capable of delivering 3,000,000 gallons of water per day.

DRAINAGE AND SEWERAGE.

The actual provision of sewers is in the hands of the Streets and Sewers Committee. The Health Committee is charged with the duty of collection, removal and disposal of night soil, in unsewered areas.

At the end of 1931 the Department was dealing with 624 cesspools, at an approximate cost of £3 10s. 6d. per cesspool. During the year, the whole or a part of the following roads has been connected up to the sewers, viz. :—Beaconsfield Road, Cornelia Crescent, Guest Avenue, Hoyal Road, Marline Road, Sherwood Avenue, Winston Avenue, Whitecliff Road, Blandford Road, Darby's Lane, and Sandbanks Road. This has resulted in the reduction of the total on the list to 455 by the end of 1932.

The Table below shows the distribution of the cesspools, the names of the streets authorised to be sewered, in whole or part, in 1933 being shown in italics. When these further connections are made, the total should be reduced by about 125, to 330, with the addition of any new cesspools which may come on the books from unsewered areas during the year.

CESSPOOLS, 1932.

District.		No. of Cesspools on books	Sewer available but cesspool not connected.
Alder Road		4	—
Beaconsfield Road		—	3
Cornelia Crescent		—	6
Cynthia Road		—	1
Fancy Road		9	—
Foxholes :	Foxholes Road	6	—
	Hunt Road	21	—
	Cornwell Road	8	—
	Dale Road	1	—
Good Road		—	1
Guest Avenue		—	1
Hamworthy :	Blandford Road	26	—
	Lake Road	11	—
	Lulworth Avenue	19	—
	Dawkins Road	2	—
	Branksea Avenue	7	—
	Carter's Avenue	5	—
	Carried forward	119	12

CESSPOOLS, 1932 (Contd.)

DISTRICT.		No. of cesspools on books	Sewer available but cesspools not connected.
	Brought forward	119	12
Hamworthy:	Galloway Road	4	—
	Hoyal Road	—	1
	Balston Road	1	—
	Station Road	4	—
	The Crescent	2	—
	Various	2	—
Old Wareham Road		27	—
Ringwood Road		50	—
Rossmore:	Fortesque Road	4	—
	Harford Road	2	—
	Marline Road	—	1
	Rossmore Road	19	—
	Stanfield Road	12	—
St. Clements' Road		20	—
Stanley Green:	Dorchester Road	—	2
	Stanley Green Road	2	—
	Palmer Road	39	—
	Oakdale Road	2	—
Upper Churchill Road		10	—
Wallisdown		57	—
Whitecliff Estate:	Whitecliff Road	—	1
	Sherwood Avenue	—	1
Wimborne Road		12	—
Winston Avenue		—	8
Various:	Baiter Baths	1	—
	Baiter Hospital	1	—
	Bond Road	4	—
	Branksome Cemetery Lodge	1	—
	Bridle Path	3	—
	Cuckoo Road	1	—
	Chaddesley Road	—	6
	Dunstan Lane	4	—
	Herbert Avenue	12	—
	Poole Park Tea Rooms	1	—
	Mill Lane	1	—
	Upper Road	2	—
	Western Road	1	—
	Norman Avenue	1	—
	Parkstone Congregational Church	1	—
	Alexandra Park	1	—
	Manor Avenue	6	—
	Evering Avenue	2	—
	Cromwell Road	—	1
	Sterte Road	1	—
Total:		432	33

CLEANSING AND SCAVENGING.

The main services are carried out by the Borough Surveyor's Department, acting under the direction of the Public Health Committee.

I am indebted to the Borough Surveyor for the following summarised figures applicable to the year ending 31st March, 1932.

Refuse Collection and Disposal.

Weight of refuse per 1,000 population ... ... 205.4 tons.
Cost of collection of refuse, per cubic yard 3/0½ ; per ton 12/2.
Cost of disposal of refuse, per cubic yard 8¼d. ; per ton 2/9.

Street Cleaning.

Cost of sweeping per mile per annum £73/15/3
Cost of cleaning per 1,000 gullies per annum ... £176/0/8

The collection of trade refuse is governed by the following charges :—

FISHMONGERS AND BUTCHERS.

(a)	Ordinary collection	charge	15/-	per annum.

OTHER TRADES.

(b)	Ordinary collection	charge	7/6	,,
(c)	¼ cart load per week	,,	£2 10s.	,,
(d)	½ ,, ,, ,,	,,	£5	,,
(e)	1 ,, ,, ,,	,,	£10	,,

Limewashing is of valuable assistance in maintaining the cleanliness of courts, enclosed backyards and alleys. It is not only of value in itself, but has a stimulating effect on the surrounding householders, who respond extremely well. The result is that the general condition of these places is distinctly complimentary to the people and to the Town. The work is carried out by the Public Health Department twice yearly.

Opportunity is also taken during the School vacations to disinfect all the Elementary Schools of the Borough.

HOUSING AND POPULATION.

General. Particulars of house enumeration collected for Census in April, 1931, are not yet available for purposes of gauging the standards existing in the Borough, of rooms per family, persons per house, rooms per person, etc. In the meantime, it must suffice to repeat in brief the deductions made from the information obtained from the previous Census.

In my Annual Report for 1924, I gave reasons for deducting, as representing undesirable conditions of housing, 1,117 occupied houses from the total of 9,400 dwellings available in 1921. This left 8,283 occupied or temporarily vacant.

Subsequently, up to the end of 1932, 5,653 houses, including

491 added during the year, have been completed, giving a total of 13,916. Assuming the population at the end of December, 1932, to be 59,000, this gives a theoretical housing standard of 4.24 persons per house.

At the end of 1932, again, there were a further 223 houses actually under construction.

Reference to the Rate Books shows that at this time there were in fact 15,019 dwelling houses in occupation, and a further 439 were for the time being vacant. Of this gross total of 15,458, 11,153 were houses of a rateable value of not more than £22 per annum, and of these 11,153, 225 were empty. Why this large number of lowly rated houses should not be returning rates at the present time is not quite clear. They are not to any extent vacant because not reasonably habitable.

From another angle we may examine housing with reference to the advantage taken of State or Local Assistance. Since 1921, the Local Authority has erected houses as under :—

(1) Under Housing, etc., Act, 1919 ...	133	
(2) ,, ,, ,, 1923 ...	71	
(3) ,, ,, ,, 1924 ...	444	
	648	
Houses erected with subsidy under 1923 Act have totalled	1400	
Houses erected by private enterprise under 1924 Act	23	
		2071
Of 4,086 houses built privately, without State or Local assistance, in the ten-year period 1.10.22 to 30.9.32, those of rateable value not exceeding £26, numbered		3062
Giving a total of houses erected since 1921, suitable for the working classes, of :		5133

The current inclusive terms of let of houses within the authority of the Council are as follows :—

5-room non-parlour type :	10/- to 10/6
6-room parlour type :	12/6 to 15/8
Subsidy bungalows :	15/-

Housing Act, 1930. Schemes dealing with Clearance Areas and Improvement Areas under Part I of the Act are at present receiving the consideration of the Council, as also are representations under Part II, made in the case of individual unfit houses.

These activities cover approximately 66, 130 and 64 houses respectively.

A Resolution of the Council covering three Clearance Areas has, in accordance with the Act, been submitted to the Ministry.

HOUSES LET IN LODGINGS.

Housing Let-in-Lodgings. Prior to the current high rate of room-rentals, which has rendered the Byelaws with respect to these houses inoperative, there were 8 on the Register.

Common Lodging Houses number three, two in St. James area and one in Branksome. These can accommodate 76 men and are situate :—

24 West Street, Poole	35 beds.
3 Strand Street, Poole	25 beds.
23 Alcester Road, Parkstone	16 beds.

They were visited 72 times.

Poole, as a seaport town, feels the need of a controlled Model Lodging House. It would cater for the visiting seamen, who would be saved from possibly risky associations. It would also provide healthy rest for a certain nomadic element of unskilled labour.

PUBLIC BATH, BATHING AND SWIMMING FACILITIES.

Sea Water. The exceptional facilities for natural sea-bathing provided at Sandbanks are enhanced by one of the finest Bathing Pavilions in the country.

The sea water swimming enclosure adjacent to the Poole Park affords another useful public recreational centre, and is a valuable addition to the attractive open-air undertakings of the Town.

There is also a free open-air tidal swimming enclosure on the foreshore of the Harbour at Baiter, of which full advantage is taken in the summer months.

Fresh Water Baths. These are situated in rather limited space, close to the Guildhall, and consist of five cubicles with lavatory accommodation. Special facilities are provided for Elementary School children, on two days weekly, at a nominal charge of one penny.

The following figures of attendances at the baths for recent years appear to indicate a decreasing use, which may, though probably not appreciably, be influenced by the number of houses with bathroom accommodation which have been built during the same period :—

Year.	Adults.	Children	Total.
1924	5357	1680	7937
1925	5950	1230	7180
1926	4812	1020	5832
1927	4496	1330	5826
1928	4178	1092	5270
1929	3638	1002	4640
1930	3668	1192	4860
1931	2757	1181	3938
1932	2580	765	3335

RAT CONTROL.

Poole being a Port, both the rarer Black Rat and the commoner open-air Brown Rat are to be found in the Borough. The obligation to deal effectively with rats falls, under the Rats and Mice (Destruction) Order, 1919, upon the owner or occupier of premises infested with them. To assist in the clearing of premises harbouring these rodents, a charge of 3/6 being made, 74 visits were made for private occupiers in 1932. It is the custom to revisit the premises and grounds the day after baits are laid, to collect unused baits, and every precaution is taken to prevent domestic animals from gaining access to the material used. A leaflet of advice and warning is also delivered at each place dealt with.

The experience gained in dealing with quayside grain stores, etc., agrees with the recommendation of the Ministry of Agriculture and Fisheries, namely, that to get good results, the rat must be treated to an attractive change of diet from that to which it gets ready access.

Wherever poultry food, eggs and young chickens are kept, rats are likely to be attracted. This, combined with the fact that many of the more secluded wooded areas of the Borough are now being cleared for habitation, calls for an appeal to those who keep hen-runs to consider their neighbours who do not. New poultryhouses and chicken-coops should be made rat-proof as far as possible, and the food should be stored in rat-proof receptacles.

The refuse tips of the Borough are still an unfortunate necessity, and a modified evil only in so far as they are assisting to reclaim ground which otherwise is unserviceable. The nature of the tips makes them a happy hunting ground for rats. During the year 9 raids on the tips have been carried out.

Any figures dealing with rat control are bound to be hypothetical, as the actual dead rats openly discovered are not accurate indication of the number that have fallen to the bait. From the following results obtained, however, during the past few years, it may safely be assumed that the rat population is being more than held in check.

5116 baits were laid on 137 visits to private premises or public places, with a catch of 139 rats.

With some 600 new houses arising each year, a certain amount of new ground, some of it timbered woodland, is being continually opened up, with the result that some rats are kept on the move, and occasionally complaints are heard of in unexpected areas.

MOSQUITOES.

The system of spraying the fresh water lakes, ponds and watercourses with paraffin for the destruction of mosquitoes and their larvae was continued within the Borough during the past year.

Between April and September, the hottest period of the year, periodical visits were made to infested places requiring attention.

1932 was an abnormal year in the prevalence of insects, and deterrent operations were more extensive, 249 gallons of paraffin (with 2% castor oil) being used as compared with 92 gallons in 1931.

This mixture has proved very effective also in the destruction of wasps' and ants' nests.

SMOKE ABATEMENT.

In a Borough such as Poole, with its possibilities as a recuperative resort, each householder should recognise that his own personal effort in the matter is essential to progress. Excess of smoke distributed in the air of a town means liability to fog. Fog is commonly due to the particles of soot and other suspended matter collecting a coat of moisture and settling in a dense mass, irritable to a healthy chest, and seriously undermining the weak.

Smouldering, burning and consuming are all different in degree, with results also differing in degree, viz., bad, indifferent, and good. The slow smouldering of domestic refuse on the back of a fire has nothing to recommend it from this point of view; and the smouldering of damp garden refuse has less. Rapid firing in a good draught is essential if the slogan, " Burn your refuse " is not to be a counsel of doubtful foresight.

During the year 167 observations were made, 21 instances of excessive smoke were found, and cautions effected a satisfactory improvement.

DISEASES OF ANIMALS, ETC

A Census of bovine animals in the Borough taken in July showed a total of 320. No outbreak of disease occurred amongst these during the year.

There are 123 persons who keep pigs. Two suspected cases of swine fever were investigated, but were not confirmed.

FOOD.

In addition to the ordinary inspection of foodstuffs and meat, certain important Regulations lay down lines of action which the Inspectors of the Department follow in safeguarding the public in the matter of the maintenance of Dairies, Cowsheds and Milkshops, the Sale of Milk and Cream, the Sale of Food and Drugs, the control of Slaughterhouses, etc.

Considerable recent legislation, particularly in the direction of the supply of clean, wholesome milk and sound meat, entails redoubled exertions on the part of the Inspectors and of the Health Department, but the work is willingly done in the knowledge that the community will gain.

59 formal samples of Milk were taken for analysis.

2 of these were found to be adulterated. In one of these cases, the vendor was prosecuted, but the case was dismissed. In the other instance, the vendor was cautioned.

Opportunity is taken in the Laboratory to examine for extraneous solid matter—otherwise "dirt"—the samples of milk submitted for report.

The 30 samples examined were classified as follows :—

EXTRANEOUS MATTER IN PARTS PER 100,000		
Clean Milk. (0—10)	Not a clean Milk. (10—20)	Dirty Milk. (over 20)
19	9	2

This is a marked improvement on the previous year, when only 15 out of 38 were "clean."

There are no underground Bakehouses in the Borough.

All butchers' shops comply with the Regulations requiring provision of suitable window-shutter facilities.

Table G enumerates the samples taken by the Inspectors under these Acts, and subjected to analysis as to genuineness or presence of preservative.

The report of the Borough Analysts on their work for the year is appended :

REPORT ON WORK AS PUBLIC ANALYST FOR 1932.

During the year 1932, 162 samples were submitted for analysis under the Food and Drugs (Adulteration) Act of 1928. This total was constituted as follows : Milk, 58 ; Skimmed Milk, 1 ; Butter, 20 ; Margarine, 7 ; Cheese, 2 ; Lard, 16 ; Flour, 1 ; Self-raising Flour, 9 ; Cornflour, 1 ; Baking Powder, 3 ; Custard Powder, 1 ; Tea, 1 ; Coffee, 4 ; Coffee and Chicory Mixture, 2 ; Pepper, 7 ; Candied Peel, 1 ; Dried Fruit, 5 ; Sponge Cakes, 3 ; Ice Cream, 13 ; Confectionery, 1 ; "Frozen" Egg, 2 ; Dried Vegetables (Dried Peas), 1 ; Preserved Sausages, 2 ; and Compound Liquorice Powder, 1.

Of the above, three samples (two of milk and one of butter) were returned as adulterated, which gives a Percentage of Adulteration of 1.85.

Both of the adulterated samples of milk were deficient in fat (13 per cent. and 7 per cent. deficiencies). The Percentage of Milk Adulteration was therefore only 3.4, which is satisfactory. On the other hand, the average composition of milk was : Fat, 3.46 per cent. ; Solids-not-fat, 8.85 per cent. ; which means quality much below the average. As I pointed out last year, milk throughout the country contains 3.7 per cent. of fat. Poole is below the average and, to be consonant with our standing as a health resort, we should be able to claim superiority in the quality of the milk. Concerted effort of those engaged in the supply of milk could achieve this end and remove the reproach to which we are at present open that visitors get better milk " at home."

Only four out of twenty samples of butter were reasonably dry ; these contained 11.3, 12.3, 14.1 and 14.1 per cent. water, respectively. The other fifteen contained between 15.1 and 16.06 per cent. The average water on the whole twenty was 14.77. This is the lowest average since 1927 and for this improvement, we have to thank those four vendors who did their customers so well. One sample of butter contained 1.7 per cent. of free fatty acids. This had to be returned as adulterated because of an excess of free fatty acids due to decomposition which had reached a stage where belching may follow ingestion. In this particular case, I thought unskilful preparation was causing unusually rapid decomposition and suggested the dairy sought the advice of the Director of Agriculture.

There is no objection to the presence of added colours in butter provided these are of an innocuous character. But two aspects of the absence of artificial colour are worth consideration ; one is that the article is sold under its honest colour, the other is the idea that has been held for the last twelve years, that (with possible exceptions) there is correlation between the amount of pigment and the vitamins. We do know that concentrated foods (cotton cake, ground-nut cake, dried yeast, etc.) have an influence on the colour of milk-fat, but the predominant cause of colour in milk and butter is good grass and " sun-kissed hay." It is very satisfactory to record that during 1932, no butter sold in Poole was artificially coloured ; each therefore had some crude criterion of vitamin content. And bearing in mind the fact that most of our butter comes from dairy shorthorns, which give a lower tint than the Channel Island breeds popular further west, and that every sample of butter had a good colour, it shows that, in so far as vitamin-intake is dependent on butter, the town is quite adequately satisfied.

A sample of Gorgonzola cheese contained 2.14 per cent. of lactic acid. This is higher than that instance of high acidity mentioned in my report for 1929 but so far as I know had been eaten without complaint.

The sample of confectionery came under notice because of illness subsequent to eating the article. Analysis showed the sweets to be harmless so the illness had other origin.

Lard was not only free from adulteration but fresher than usual ; free fatty acids (the indication of age) ranged from 0.29 to 0.72 per cent., with an average of 0.442 per cent.

Five samples of dried fruits consisted respectively of raisins, sultanas, dried fruit compote, prunes and currants. Two of these (currants and prunes) were free from sulphur dioxide as required by the Preservatives Regulations and the others contained it in amounts permitted by the Regulations. Dried fruit often contains zinc derived from galvanised metal and after analysing a number of samples besides these and giving careful thought to the amount I should recommend as the maximum permissible, at present I do not think I can certify adulteration if the zinc keeps below one grain per pound. But I anticipate that later I may be able to suggest more stringent standards in the case of some dried fruit. Zinc is a metal of low toxicity but it can be poisonous and it does accumulate in the liver and I am, frankly, waiting for more information than now available on the effect of this zinc which is stored in the body, on health and longevity. The pharmacologists to whom we must look for this information have more urgent investigations in hand at the moment. None of the five samples came anywhere near one grain of zinc per pound. In yet another respect dried fruit presents difficulty to the Public Analyst: many grew on soil containing boric acid, but occasionally fruit is sprayed with boric acid before shipment, and the pretty problem arises whether any boric acid present comes from the soil (when it is a natural ingredient) or has been added as a (prohibited) preservative. In the five samples, the amounts suggested the innocent origin.

None of the samples of ice-cream showed any evidence of prolonged storage or contained more than 0.1 grain of zinc per pound. I referred to these points in my Annual Report for 1928.

WILLIAM PARTRIDGE, F.I.C.
Joint Public Analyst.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The number of Dealers in Milk operating in the Borough is as under:

Description.	As at 1931	Registered in 1932	Rmvd. from register	Total
Retail Purveyors	83	6	—	89
Purveyors of Bottled Milk only	56	4	1	59
Wholesalers	16	—	—	16
Licences under Special Designations:—				
To sell Certified Milk ...	2	—	—	2
Grade A (Tuberculin Tested) ... Milk	—	—	—	—
Grade A Milk	1	—	—	1
Pasteurised	—	2	—	2

LIST OF ADOPTIVE ACTS, LOCAL ACTS, ETC.

Adoptive Acts.

The Infectious Diseases (Prevention) Act, 1890.
The Public Health Acts (Amendment) Act, 1890.
The Public Libraries Acts, 1892 to 1901.
The Baths and Wash-houses Acts, 1846 to 1899.
The Private Street Works Act, 1892.
The Notification of Births Act, 1907.
The Public Health Acts (Amendment) Act, 1907:
    Part II. Sections 15-23, 25-27, 29-33.
    Part III. Sections 34-50.

Parts IV-VI.
Part VII. Section 81.
Part VIII.
Part X.

Public Health Act, 1925 :
Parts II-V.

Local Acts.

Poole (Extension) Order, 1905.
Confirmed by the Local Government Boards' Provisional Orders Confirmation (No. 12) Act, 1905.
The Poole Corporation Water Act, 1906.
The Poole Corporation Act, 1919.
The Poole Corporation Act, 1928.

Bye-laws.

Date of Approval.	*Subject.*
9th November, 1899.	Parks and Pleasure Grounds.
29th October, 1890.	Pleasure Boats and Vessels.
20th December, 1895.	Whirligigs and Swings.
20th December, 1895.	Sanitary Conveniences.
28th April, 1896.	Telegraph and Other Wires.
1st May, 1896.	Common Lodging Houses.
4th May, 1896.	Slaughterhouses.
24th December, 1896.	Nuisances.
27th February, 1901.	Pleasure Grounds.
11th July, 1902.	Poole & District Light Railway Order, 1899.
4th August, 1905.	Section 74 of Education Act, as amended.
7th December, 1905.	Pleasure Grounds.
11th January, 1907.	Cemeteries, Management of
13th November, 1907.	Good Rule and Government.
8th June, 1909.	Shop Hours Act, 1904 (Closing Order)
6th July, 1911.	Houses Let in Lodgings.
14th August, 1911.	Public Bathing.
1st November, 1911.	Water, Preventing Waste, etc.
19th November, 1914.	Locomotives.
21st January, 1915.	Street Trading.
5th June, 1917.	Sale of Coal.
24th January, 1922.	Employment of Children Act.
6th March, 1925.	Omnibuses.
18th May, 1925.	Nuisances.
6th July, 1925.	Employment of Children Act
14th April, 1926.	New Streets and Buildings.
24th January, 1927.	Pleasure Grounds.
16th August, 1927.	Hackney Carriages.
16th August, 1927.	Omnibuses.
7th October, 1927	Slaughterhouses.

Regulations.

Cemeteries.
Dogs Order, 1906.
Dairies, Cowsheds and Milkshops, 1908.
Drains of Buildings with Sewers, Connection of,
Fire Brigade
Parks, Persons Using.
Bowls, Game of
Tennis, Game of
Education Committee, Constitution of
Grammar School, Government of
School of Art, Government of
School Managers, Guidance of

INFECTIOUS DISEASES.

Control of Infectious Diseases.

The Borough Public Health Laboratory examines free of charge all pathological and bacteriological specimens submitted by medical practitioners, Health Visitors, School Nurses or Hospitals, the report being telephoned where urgency is of importance. Particulars of work done in this sphere will be found in the portion of the Report dealing with the Laboratory. As the Medical Officer of Health is also School Medical Officer, Medical Officer under the Maternity and Child Welfare Scheme, Port Medical Officer, Superintendent of the Fever Hospital, Director of the Laboratory, and Honorary Pathologist to the Cornelia Hospital, he is thus enabled to keep himself in intimate personal touch with illness, which it would be impossible to maintain in a town of larger population.

Absentee Reports from the School Staffs are checked and followed up by the School Nurses and School Attendance Officers; and systematic swabbing of sore throats and discharging nostrils, both at home and in the School Clinics, is a valuable aid to checking a school outbreak, as often an unsuspected case is thus disclosed and spread prevented.

Diphtheria cases, after two weeks at home on discharge from Hospital, and before returning to school or business, are requested to report to the Health Department, and two consecutive negative Laboratory reports are obtained before release from observation. By this means the number of undetected persistent convalescent carriers is reduced to a minimum. The futility of reliance on the result of only one swabbing is clearly recognised.

During the year 2,558 swabs were taken by the Public Health staff in connection with diphtheria cases, carriers and suspects, and in "following up" convalescent cases after discharge from hospital.

Diphtheria antitoxin is available free to medical practitioners on application to the Public Health Office, on certificate of emergency.

The Health Visitors, by the operation of the Notification of Births Act, are able to track out such infantile conditions as Ophthalmia, Pemphigus and Erysipelas.

For the cleansing and disinfection, and disinfestation of verminous persons and their belongings, Alderney Hospital is equipped with baths and steam disinfector.

The disinfection of premises, after infectious illness, is carried out by the Department's employees under the supervision of the Sanitary Inspectors.

Control of Diphtheria by Immunisation.

As this is an aspect of Preventive Medicine proper, reference is made to it here. A fuller exposition, as it affects primarily the School Medical Service, will be found in that section of this Annual Report.

This work was commenced in October, 1929, after a preliminary explanation of its features and value to the community during the course of 37 addresses to adults and senior school children in "Health Week." By the kindness of an Insurance Company, two very practical films, entitled "Risk of Diphtheria Banished," were shown at the local cinemas for a week, again by the kindness of the proprietors of these.

Propaganda is maintained by taking advantage of every opportunity of coming into contact with parents at School Medical inspections, Minor Ailment Clinics, Dental Clinics, Child Welfare Centres, Health Talks, etc.

The following slip is enclosed on all occasions for correspondence in any of the above connections :—

BOROUGH AND COUNTY OF TOWN OF POOLE.

Diphtheria Prevention.

Diphtheria is a dangerous infectious disease which mainly attacks children.

There is now a safe and reliable means of preventing Diphtheria.

Protection is obtained by a course of three small injections at weekly intervals.

Many thousands of children have been tested and protected in this and other countries, **and the methods employed have been proved to be effective and harmless.**

Facilities for testing and protection are now available at the School Minor Ailment Clinics.

You are strongly advised, in the interests of your children to have them protected against Diphtheria. Once protected, it is believed they will remain so for life.

All you are asked to do is to send your request to the Public Health Department, Municipal Offices, Poole.

R. J. Maule Horne, M.A., M.B.,
Medical Officer of Health.

In addition to the activities at the official Immunisation Clinic the work is being taken up to a certain degree by local medical practitioners, who co-operate by submitting the names of those protected for record.

If the general public will continue their present intelligent appreciation of the advantages of this beneficent work, there should be no difficulty in maintaining a diphtheria-free child population in the Borough, as, apart from incoming population, there are not more than 1,000 births in the Town each year.

Hospitals.

Baiter Hospital, on the Baiter Peninsula in Poole Harbour, is kept in reserve for Smallpox cases. It has 20 beds (official capacity, 10) with an experienced Nurse as Resident Caretaker. It was not opened during the year.

Alderney Hospital is situated in a very healthy position 200 feet high, near the landward boundary of the Borough, on gravel soil. Its official capacity is 44 beds, and it consists of 6 blocks with administrative buildings, disinfecting station, and two motor ambulances.

The current survey of Hospital accommodation made by the County Council in accordance with Section 63 of the Local Government Act, 1929, and the question of provision for the future, brings into light the urgent need for consideration of the structural age and condition of the existing wards, which are as follows :—

Block.	Capacity.	Age.	Material.
	beds.	years.	
1	4	17	Corrugated iron and urolite.
2	10	17	,, ,, ,,
3	10	17	,, ,, ,,
4	8	43	Brick, slate roof.
5	8	21	Corrugated iron, wood lining.
6	4	21	Corrugated iron, urolite.
	44		

Blocks 1, 2, 3, 5 and 6, it will be seen, are temporary structures, their expected " life " has been passed, and they are not weathertight.

Block 4 is the original 6-bed block, extended, is long out of date in hygienic facilities, and uneconomical to run.

The time is therefore ripe to consider the whole question as a new proposition. I am glad to be able to say that this is receiving the sympathetic consideration, both of the Borough Council and of the County Council, and that a scheme of gradual reconstruction is developing, especially in view of the likelihood of this institution becoming the Area Hospital for East Dorset and a portion of West Hampshire.

During the year 257 cases were admitted, compared with 448 in 1930. Of these 108 were from the Borough, 3 from Poole Rural District, 3 from Wimborne, 5 from Wimborne and Cranborne Rural District, 1 from Wareham, 6 from Wareham and Purbeck Rural District, 7 from Swanage, 5 from Christchurch, 2 from Christchurch Rural District, and 17 from military stations in the County.

There were 3 deaths, all being Borough cases.

Scarlet Fever. The Borough cases numbered 34. All made satisfactory recovery.

Diphtheria. The total Borough admissions associated with this condition were 66, 46 being faucial diphtherias, 10 nasal diphtherias, 2 temporary carriers, while 8 were found to be conditions not associated with the germs of this disease. There was one fatal case.

Other Diseases. The remaining Borough cases consisted of Paratyphoid Fever (2), Anterior poliomyelitis (2), Measles, Encephalitis, Erysipelas and Ophthalmia. (1 each).

Total Admissions, etc. These are enumerated in Table H. Table I. shows the age incidence and areas of the Borough in which the various infections have occurred.

Disinfection. The steam disinfector is of the jacket type, working up to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham.

TUBERCULOSIS.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

Particulars are given below of the position as regards the incidence of the disease for recent years.

Year	First Notifications		Formerly notified new residents.		Deaths.	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1922	67	9	3	1	51	6
1923	56	14	9	—	45	11
1924	64	11	2	—	40	7
1925	59	18	12	1	33	6
1926	50	10	13	—	46	5
1927	54	8	16	—	36	6
1928	45	11	6	1	32	9
1929	62	11	4	—	30	5
1930	61	14	3	1	48	6
1931	55	28	8	—	48	12
1932	49	9	9	—	38	7

For the year under review, the details are as follows :—

Age Period	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	1	—	1	—	—	—	—	1
5	3	—	1	1	—	—	1	—
15	5	8	1	1	4	4	—	—
25	8	10	—	3	2	6	2	1
35	4	3	—	—	5	4	—	1
45	3	4	—	—	5	—	—	1
55	—	—	—	1	6	—	—	—
65 & upwards	—	—	—	—	2	—	—	—
Totals	24	25	3	6	24	14	3	4

Of the 38 deaths from the respiratory form— :
15 had been notified during 1932;
6 ,, ,, ,, ,, 1931 ;
5 ,, ,, ,, ,, 1930 ;
4 ,, ,, ,, ,, 1929 ;
1 ,, ,, ,, ,, 1928 ;
1 ,, ,, ,, ,, 1927 ;
1 ,, ,, ,, ,, 1918 ;
4 ,, ,, ,, ,, year uncertain.
1 had not been ascertained prior to post-mortem.

The proportion of notified and non-notified pulmonary cases dying in recent years has been as follows :—

	1925	1926	1927	1928	1929	1930	1931	1932
Previously notified	28	40	32	29	27	43	45	37
Not notified	5	6	4	3	3	5	3	1
Total	33	46	36	32	30	48	48	38

Occasion has not arisen during the year for applying the operation of Section 62 of the Public Health Act, 1925 (compulsory removal to hospital of certain cases of pulmonary tuberculosis), or of the Public Health (Prevention of Tuberculosis) Regulations, 1925, controlling tuberculous subjects in the milk trade.

The Laboratories are approved by the Ministry of Agriculture and Fisheries as a pathological institute for the purpose of examinations in connection with Tuberculosis in Animals (Tuberculosis Order of 1925).

BLIND PERSONS.

There has been no material change during the year.

There are at present under the care of the Dorset County Association for the Blind the following :—

Adults.		
Men	30	
Women, married ...	33	
single	19	
Children.		
Boys	1	
Girls	6	
	—	Total 89

Three children have been provided for by the Local Education Committee, and are in a Residential School for the Partially Blind. Attempts are being made to assist similarly the remaining four.

VENEREAL DISEASES.

Administration and treatment is in the hands of the County Council. A Clinic in the Borough itself is very necessary. At present the nearest available Centre is at the Royal Victoria Hospital. No alteration in this respect has been effected during the year.

Two persons who presented themselves to the Medical Officer of Health for advice were referred thither for treatment.

The number of patients who attended the Clinic, registered as resident in the Borough of Poole has again shown a marked increase, from 93 in 1930, to 139 in 1931, and 160 in 1932.

It is unfortunate that such a large proportion, viz., 55, do not complete treatment. In some cases, however, this only means that the treatment is continued at another centre, and not necessarily that treatment has ceased.

Sex	Syphilis			Gonorrhoea			Diagnosed as Non-Venereal
	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	
M.	0	20	17	10	18	20	12
F.	3	12	18	6	5	12	7
	3	32	35	16	23	32	19
Total 160.							

BOROUGH PUBLIC HEALTH LABORATORIES.

The sphere of gratuitous utility of the Public Health Laboratories includes the Hospitals in the Borough, the Medical Practitioners of the Borough, the School Medical Service, the Maternity and Child Welfare Service and the Food Inspectors.

For reports on materials coming from outside the Borough small charges are made.

Charges are also made for special work, such as preparation of vaccines, bacteriological tests of water samples, etc.

The work of the year is shown in the Table below :—

Diphtheria Swabs.		
Isolation Hospital	811	
Nurses and Clinics	1700	
Medical Practitioners	270	
Institutions	46	
County	31	
		2858
Other Examinations.		
Urines (from M. C. W. Clinics) ...	54	
Urines for Superannuation Exam.	62	
Urines (from practitioners) ...	72	
Sputa	73	
Tissues	10	
Blood Counts	6	
Hairs for Ringworm ...	9	
Pus and Pus Swabs	18	
Faeces	21	
Cerebro Spinal Fluid	7	
Bacteriological Exam. of Water ...	14	
Urethral, Vaginal, Cervical Swabs	24	
Blood for Dreyer Test for Typhoid Group	9	
Blood for Wassermann Test ...	75	
Fluids, etc.	3	
Examination of Water for Hardness	1	
Specimens from Veterinary Surgeon	3	
Throat Swabs for Streptococci ...	5	
Blood for CO poisoning ...	1	
Blood Cultures	2	
Examination of water for presence of oil	2	
Blood Films for Filaria ...	1	
Milk Analysis for Sanitary Inspectors, etc.	34	
		406
Total		3364

In 1931, 5,769 examinations and reports were made.

HOSPITALS, MEDICAL SERVICES AND NURSING ARRANGEMENTS AVAILABLE FOR THE BOROUGH.

(1) *Hospitals and Sanatoria.*

Classification	*Name*	*Situation*	*Accommodation*	*Provided by*
Tuberculosis ...	Various	Various	72 for County	County Council
Maternity ...	Cornelia Hospital	Longfleet	4 beds	Borough Council
Children under 5	Cornelia Hospital	Longfleet	8 cots	Borough Council
Infectious Diseases	Borough Isolation	Upper Parkstone	44 beds	Borough Council
Smallpox, etc.	Baiter Isolation	Poole	10 beds	Borough Council
Children's ... Convalescent	Swanage Memorial	Swanage	3 for Borough	Royal Red Cross Society
Venereal Disease	Royal Victoria	Boscombe	4 beds	County Council
General ...	Cornelia Hospital	Longfleet	105 beds	Voluntary effort

(2) *Clinics and Treatment Centres.*

Classification.	*Situation.*	*Provided by*
Tuberculosis ...	King Street, Poole	County Council
Maternity and Child Welfare ...	67, Market Street Poole ...	Borough Council
,, ,, ...	Branksome Council Buildings	Borough Council
Maternity and Child Welfare Association Consultation Centre and School for Mothers ...	Poole ...	Voluntary effort subsidised by Borough Council
,, ,, ...	Upper Parkstone	
,, ,, ...	Heatherlands ...	
,, ,, ...	Newtown ...	,, ,,
,, ,, ...	Longfleet ...	,, ,,
Elementary Schools, Minor Ailments ...	67, Market Street, Poole ...	Borough Council
,, ,,	Council Buildings, Branksome	,, ,,
Elementary Schools, Dental Operative Clinic	67, Market Street, Poole	,, ,,
Elementary Schools, ... Nose and Throat Operative Clinic ...	Cornelia Hospital ...	,, ,,
Elementary Schools, Eye Clinic	,, ,,	,, ,,
Elementary Schools, ... X-Ray Clinic ...	,, ,,	,, ,,
Diphtheria Immunisation ...	67, Market Street Poole	Borough Council
Venereal Diseases ...	Boscombe ...	County Council
General Dispensary	Langley Road, ... Branksome	Voluntary Effort

(3) *Professional Nursing in the Home.*

General. Three District Nurses for the Parkstone area are provided by the Parkstone District Nursing Association. One District Nurse, for work in the Poole, Longfleet and Oakdale districts, is provided by the Poole District Nursing Association, and one in Hamworthy by the Hamworthy Association.

These Associations are affiliated to the Dorset County Nursing Association.

Maternity. Twenty-one certified Midwives are at present practising in the Borough. A further 3 are proprietors of Nursing Homes, which are also Maternity Homes.

(4) *Ambulance facilities.*

(*a*) *Infectious Diseases.* Two motor ambulances are stationed at the Borough Hospital. The newer vehicle is a Morris St. John Type, capable of carrying 2 stretchers and 3 sitting cases. The area covered by these includes a considerable portion of the East of the County of Dorset, and Christchurch in Hampshire.

(*b*) *Non-infectious and Accident Cases.* A Morris motor ambulance, which was presented to the Corporation by the Poole Carnival Committee, is maintained at Parkstone by the St. John Ambulance Brigade for general non-infectious work.

There is also a hand ambulance quartered at Parkstone Park.

(5) *Other Institutional Provision.*

Illegitimate Infants. The Hants and Dorset Babies' Home, in Commercial Road, Parkstone, is capable of boarding 23 infants. It receives an annual grant from Government funds, and is subject to supervision by the Medical Officer of Health.

LIST OF TABLES

A.—Vital Statistics—Quinquennial.
B.—Deaths from all Causes.
C.—Infant Mortality.
D.—Births.
E.—Housing.
F.—Sanitary Inspection, Nuisances and Defects.
G.—Food and Drugs.
H.—Cases Admitted to Borough Isolation Hospital.
I.—Infectious Diseases.
J.—Factories and Workshops.

TABLE A

Vital Statistics, Quinquennial

Year	Mid-Year population	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
			Birth Rate.	Marriage Rate.	Death Rate. (uncorrected)	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate
1885	12957	86	39.5		18.7		
1890	14027	82	26.9		14.6		
1895	17050	126	29.5		15.1		
1900	18991	131	27.7		15.3	1.3	.9
1905	21804	113	26.7		15.7	.8	1.3
1910	34168*	82	26.0	15.4	12.7	1.1	1.1
1915	42800	93	18.7	18.6	13.2	.9	.8
1920	43400	75	23.6	22.0	10.8	1.2	.9
1925	46150	71.7	18.1	16.7	11.7	1.60	.71
1930	56150	57.6	16.7	15.4	12.39	1.87	.85
1931	56780	43.2	15.85	16.5	12.49	1.81	.84
1932	58230	55.2	15.8	15.1	11.70	1.58	.65
England & Wales, 1932		65	15.3	15.2	12.0	1.51	.69

* Enlarged Borough.

TABLE B.

Total Deaths Registered in the Borough :—667.
Transferable Deaths :—(*a*) of non-residents registered in the Borough :—57.
(*b*) of residents not registered in the Borough :—72.
Nett Deaths Belonging to the Borough :—682. Rate :—11.70
Corrected Death Rate :—9.87

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1932.

Causes of Death.	All Ages	Under 1 Year	1 and Under 2 years	2 and Under 5 years	5 and Under 15 years	15 and Under 25 years	25 and Under 45 years	45 and Under 65 years	65 and Under 75 years	75 years and Over	Total Deaths in Institutions.
All Causes: — Certified	681	49	11	10	10	28	53	169	167	184	—
Uncertified ...	1	—	—	—	—	—	—	—	—	1	—
1. Enteric Fever	—	—	—	—	—	—	—	—	—	—	—
2. Small Pox	—	—	—	—	—	—	—	—	—	—	—
3. Measles	6	—	3	1	2	—	—	—	—	—	—
4. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	3	2	1	—	—	—	—	—	—	—	—
6. Diphtheria and Croup	1	—	—	1	—	—	—	—	—	—	1
7. Influenza	17	—	—	—	—	—	2	3	4	8	—
8. Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—
9. Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—
10. Tuberculosis of Respiratory System ...	38	—	—	—	—	8	17	11	2	—	6
11. Other Tuberculous Diseases	7	—	1	—	1	—	4	1	—	—	1
12. Cancer (Malignant Disease)	92	—	—	—	—	2	4	30	40	16	24
13. Rheumatic Fever	6	—	—	—	—	2	—	4	—	—	1
14. Diabetes	6	—	—	—	1	—	—	1	3	1	2
15. Cerebral Haemorrhage, etc. ...	28	—	—	—	—	—	2	4	9	13	1
16. Heart Disease	112	—	—	—	—	—	4	35	34	39	11
17. Arterio-Sclerosis	69	—	—	—	—	—	1	7	29	32	4
18. Bronchitis	30	1	—	—	—	—	—	3	9	17	3
19. Pneumonia (all forms)	48	6	4	4	2	—	3	14	5	10	7
20. Other Respiratory Diseases	—	—	—	—	—	—	—	—	—	—	—
21. Ulcer of Stomach or Duodenum ...	9	—	—	—	—	1	2	5	—	1	2
22. Diarrhoea	3	2	1	—	—	—	—	—	—	—	—
23. Appendicitis and Typhlitis	5	—	—	1	—	1	1	1	—	1	2
24. Cirrhosis of Liver	2	—	—	—	—	—	—	1	1	—	—
25. Acute and Chronic Nephritis ...	28	—	—	—	—	1	3	8	9	7	4
26. Puerperal Sepsis	1	—	—	—	—	—	1	—	—	—	1
27. Other Accidents and Diseases of Pregnancy and Parturition	—	—	—	—	—	—	—	—	—	—	—
28. Congenital Debility	30	30	—	—	—	—	—	—	—	—	2
29. Suicide	12	—	—	—	—	2	1	7	2	—	3
30. Other Deaths from Violence	15	—	—	3	3	1	2	4	—	2	7
31. Other Defined Diseases	112	7	1	—	1	10	6	30	20	37	25
32. Causes Ill-defined or Unknown ...	1	1	—	—	—	—	—	—	—	—	—
	682	49	11	10	10	28	53	169	167	185	107

TABLE C

INFANT MORTALITY DURING 1932

Causes of Death.	Deaths from stated causes at various ages under 1 year.									Total Deaths under one year.
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	
Asphyxia	1	—	—	—	1	—	1	—	—	2
Pneumonia (all forms) ...	—	—	—	—	—	1	1	—	4	6
Whooping Cough ...	—	—	—	—	—	—	2	—	—	2
Prematurity and Congenital Debility	13	3	5	1	22	4	1	1	2	30
Bronchitis	—	—	—	—	—	—	—	—	1	1
Pyaemic Abscess ...	—	—	—	1	1	—	—	—	—	1
Diarrhoea	—	—	—	—	—	—	1	1	—	2
Gastro-enteritis ...	—	—	—	—	—	—	1	—	—	1
Toxaemia and Pemphigus	—	—	—	—	—	1	—	—	—	1
Septicaemia and Septic Finger	—	—	1	—	1	—	—	—	—	1
Pyloric Stenosis ...	—	—	—	—	—	—	1	—	—	1
Causes ill-defined or unknown	1	—	—	—	1	—	—	—	—	1
Total ...	15	3	6	2	26	6	8	2	7	49

TABLE D.

BIRTHS.

		Notified by			Not Notified	Total	Stillborn.		
							Notified by		
		Doctors	Midwives	Parents			Doctors	Midwives	Parents
Legitimate	Male	181	214	13	—	408	6	16	—
	Female	174	258	10	—	442	5	3	—
Illegitimate	Male	5	10	—	—	15	1	1	—
	Female	7	15	—	—	22	—	1	—
Total	Male	186	224	13	—	423	7	17	—
	Female	181	273	10	—	464	5	4	—
Grand Total		367	497	23	—	887	12	21	—

Total Births—920.

TABLE E.

Housing.

Number of New Houses erected during the year :—	
(*a*) Total (including numbers given separately under (*b*)) ...	491
(i) By the Local Authority	—
(ii) By other Local Authorities	—
(iii) By other bodies or persons	491
(*b*) With State assistance under the Housing Acts :—	
(a) For the purpose of Part II. of the Act of 1925 ...	—
(b) For the purpose of Part III. of the Act of 1925 ...	—
(c) For other purposes	—
1. Inspection of Dwelling-houses during the year :—	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	217
(b) Number of inspections made for the purpose ...	217
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	60
(b) Number of inspections made for the purpose ...	60
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	9
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	175
2. Remedy of Defects during the Year without Service of Formal Notices.	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	159
3. Action under Statutory Powers during the Year :—	
A.—*Proceedings under Sections* 17, 18 *and* 23 *of the Housing Act*, 1930 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	8
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	7
(*b*) By Local Authority in default of owners	1
B.—*Proceedings under Public Health Acts* :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	18
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(*a*) By owners	16
(*b*) By Local Authority in default of owners ...	—
C.—*Proceedings under Sections* 19 *and* 21 *of the Housing Act*, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	2
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	—
D.—*Proceedings under Section* 20 *of the Housing Act*, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	—
E.—*Proceedings under Section* 3 *of the Housing Act*, 1925 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(*a*) By owners	—
(*b*) By Local Authority in default of owners ...	—
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	2
F.—*Proceedings under Sections* 11, 14 *and* 15 *of the Housing Act*, 1925 :—	
(1) Number of dwelling-houses in respect of which Closing Orders were made	2
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-house having been rendered fit	—
(3) Number of dwelling-houses in respect of which Demolition Orders were made	—
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

TABLE F.

Report of Sanitary Inspectors for the Year 1932.

Poole District, Mr. Wheeler; Branksome District, Mr. Trim;
Longfleet District, Mr. Power; Parkstone District, Mr. Hollox.

	District			
	Poole	Branksome.	Longfleet	Parkstone.
Total No. of visits to premises	3970	3785	4187	3778
Visits re infectious and other diseases ...	68	67	24	62
Premises disinfected after infectious diesases ...	66	35	21	45
Premises disinfected after other diseases ...	13	10	16	—
House drains smoke tested	58	91	32	50
House drains water tested	165	208	52	146
Drains repaired, cleaned, etc.	73	46	33	14
Inspection of Licensed or Registered Premises.				
Factories, workshops and workplaces	115	46	29	76
Slaughterhouses	87	297	547	507
Dairies and milkshops	121	86	96	325
Cowsheds	24	30	77	47
Bakehouses	58	28	19	69
Houses let-in-lodgings	—	—	—	—
Common lodging houses	65	7	—	—
Inspections.				
Butchers' premises	586	799	545	541
Greengrocers' premises	221	482	660	277
Fishmongers' premises	220	339	377	185
Fish Market	13	—	—	—
Schools	52	10	12	2
Ice cream premises	90	17	12	65
Picture houses	23	6	26	—
Lavatories	74	75	302	136
Other premises	723	655	1050	477
Inspections of work in progress	729	436	161	268
Food and Drugs Acts.				
Samples of food, etc. taken	28	39	58	47
Food destroyed Pork ... ... 2690 lbs.				
Fish ... ... 1537 ,,				
Beef ... ... 1337 ,,				
Offals ... ... 2594 ,,				
Prawns ... ... 9 ,,				
Mutton ... ... 80 ,,				
Nuisances and Defects.				
Premises requiring repair	111	28	90	30
Premises requiring cleansing or limewashing ...	61	34	14	20
Defective W.C. fittings	28	32	13	16
Defective yard surfaces	9	4	19	3
Defective eaves and downspouts	51	6	13	9
Defective sinks	6	6	39	10
Defective urinals	2	—	—	—
Defective manure pits	—	—	8	4
Animals improperly kept	1	2	1	4
Overcrowding	1	10	5	6
Offensive accumulations	23	20	36	41
Other Nuisances	49	66	94	54
Informal notices served	68	60	78	71
,, ,, complied with	64	45	62	39
Statutory notices served	26	5	17	17
,, ,, complied with	6	4	10	16
Diseases of Animals Acts.				
Visits made	34	8	5	3
Movement Licences (within the Borough) ...	—	—	—	—
Movement Licences (outside the Borough) ...	—	—	—	—
Reports to Board of Agriculture	—	1	—	2
Cautions	—	—	—	—
Prosecutions	—	—	—	—

WORK DONE UNDER THE FOOD AND DRUGS ACTS.

	Samples.						
	Formal	Informal	Total	Genuine	Adulterated.	Vendor cautioned	Vendor prosecuted.
Milk	61	—	61	*57	2	1	1
Butter	19	1	20	19	1	1	—
Lard	16	—	16	16	—	—	—
Ice Cream	13	—	13	13	—	—	—
Coffee	5	—	5	5	—	—	—
Flour	10	—	10	10	—	—	—
Cheese	3	—	3	3	—	—	—
Baking Powder	3	—	3	3	—	—	—
White Pepper	7	—	7	7	—	—	—
Liquorice Powder	1	—	1	1	—	—	—
Margarine	7	—	7	7	—	—	—
Frozen Eggs	2	—	2	2	—	—	—
Sponge Cakes	3	—	3	3	—	—	—
Beef Sausages	2	—	2	2	—	—	—
Tea	1	—	1	1	—	—	—
Prunes	1	—	1	1	—	—	—
Cornflour	1	—	1	1	—	—	—
Raisins	1	—	1	1	—	—	—
Sultanas	1	—	1	1	—	—	—
Currants	1	—	1	1	—	—	—
Fruit Salad	1	—	1	1	—	—	—
Custard Powder	1	—	1	1	—	—	—
Dried Peas	1	—	1	1	—	—	—
Candied Peel	1	—	1	1	—	—	—
	162	1	163	158	3	2	1

* 2 Broken in transit.

TABLE H

CASES ADMITTED TO ALDERNEY HOSPITAL DURING THE YEAR 1932.

	Admitted from Borough	Admitted from other Districts	Died during the year	Total Number of cases admitted
Diphtheria, faucial	46	10	1	56
,, nasal	10	—	—	10
,, carrier	2	—	—	2
Admitted as Diphtheria but proving to be otherwise	8	1	—	9
Scarlet Fever	34	18	—	52
Acute anterior Poliomyelitis	2	1	—	3
Cerebral Abscess (admitted as Encephalitis) ...	1	—	1	1
Typhoid and Paratyphoid Fever	2	1	1	3
Erysipelas	—	3	—	3
Admitted as Erysipelas, but proving to be otherwise	1	—	—	1
Measles	1	14	—	15
German Measles	—	1	—	1
Ophthalmia Neonatorum	1	—	—	1
Total	108	49	3	157

TABLE I.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1932.

Notifiable Diseases.	At all Ages	Number of Cases Notified.											
		Under 1 year	1-2 year	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 & up-wards
Diphtheria	56	—	—	1	6	4	24	11	5	4	—	1	—
Scarlet Fever	1	—	—	—	—	—	—	—	—	—	1	—	—
Pneumonia	39	6	—	3	1	—	2	2	1	11	2	10	1
Scarlet Fever	35	—	2	3	1	3	15	6	1	2	2	—	—
Paratyphoid Fever ...	2	—	—	—	—	—	—	1	—	1	—	—	—
Erysipelas	12	—	—	—	—	—	—	—	2	1	2	5	2
Ophthalmia	1	1	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	3	1	—	1	—	—	—	—	1	—	—	—	—
Encephalitis	1	—	—	—	—	—	—	—	—	—	—	1	—
Puerperal Pyrexia ...	2	—	—	—	—	—	—	—	—	2	—	—	—
Total ...	152	8	2	8	8	7	41	20	10	21	7	17	3

TABLE J

1.—Inspection of Factories, Workshops and Workplaces

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers prosecuted.
Factories ... ... (Including Factory Laundries)	58	16	—
Workshops ... ... (Including Workshop Laundries)	186	14	—
Workplaces ... ... (Other than Outworkers' premises)	22	2	—
Total	266	32	—

2.—Defects found in Factories, Workshops and Workplaces

Particulars.	Number of Defects.			Number of offences in respect of which Prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts :—*				
Want of cleanliness	27	27	—	—
Want of ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other Nuisances	12	12	—	—
Sanitary accommodation insufficient	4	4	—	—
unsuitable or defective ...	6	6	—	—
not separate for sexes ...	1	1	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground Bakehouse (s.101) ...	—	—	—	—
Other offences	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Tranfer of Powers Order, 1921).				
Total	51	51	—	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

PART II.

Port Sanitation.

PORT MEDICAL OFFICER'S REPORT.

(Abridged).

Poole Bay includes, in addition to the Harbour, all the landward area of waters enclosed by a line joining St. Alban's Head in the West with Hengistbury Head in the East. The Port of Poole proper extends to a line joining Poole Head with the " Bar Buoy " off Studland.

The Medical Officer of Health for the Borough is also Port Medical Officer. Dr. G. Chesney, who holds the Certificate of the London School of Tropical Medicine, is Assistant Port Medical Officer, and these are assisted by Mr. P. W. Wheeler, Cert. R.S.I., M.S.I.A., Sanitary Inspector, who is also Sanitary Inspector for the Port. Close co-operation exists between the Officers of H.M. Customs, the Harbour Master, and the Medical Officer's Department.

Incoming Traffic.

Period	Total Incoming Vessels	Tonnage	Average Ship Tonnage.
1910–1913	1621	221551	136
1921–1925	1000	161145	158
1926–1930	1313	248463	188
1931	1139	255675	225
1932	1197	253730	212

I. *Amount of shipping Entering the Port during the Year* 1932.

TABLE A.

		Number	Tonnage	Number Inspected		Number reported to be Defective	Number of vessels on which defects were remedied	Number of vessels reported as having, or having had, during the voyage, infectious disease on board
				By the Medical Officer	By the Sanitary Inspector			
Foreign	Steamers	62	20447	8	60	4	4	—
	Motor	46	5030	—	19	1	1	—
	Sailing	4	680	—	2	—	—	—
	Fishing	—	—	—	—	—	—	—
Total Foreign		112	26157	8	81	5	5	—
Coastwise	Steamers	712	193188	5	323	14	14	—
	Motor	308	30259	—	79	4	4	—
	Sailing	65	4126	1	31	7	7	—
	Fishing	—	—	—	—	—	—	—
Total Coastwise		1085	227573	6	433	25	25	—
Total Foreign and Coastwise		1197	253730	14	514	30	30	—

II. *Character of Trade of the Port.*

(a) *Passenger Traffic.* There is a passenger service running between Poole, the Channel Islands, St. Malo and Cherbourg. Apart from this, the passenger services are local, communicating between the Isle of Wight, Bournemouth, Poole, Swanage and Weymouth.

TABLE B.

Passenger Traffic during 1932.

No. of Passengers		1st Class	2nd Class	3rd Class	Trans-migrants
INWARDS	Local	17	—	—	—
	France and Channel Islands	3939	—	3	—
	Other Oversea Countries ...	—	—	—	—
OUTWARDS	Local	—	—	—	—
	France and Channel Islands	3939	—	—	—
	Other Oversea Countries ...	—	—	—	—

The third-class passengers represent Onion-men, who return to their homes *via* either Southampton or Weymouth.

Poole is not an " Approved Port " for the purpose of control of transmigrants.

(b) *Cargo Traffic.* The bulk of the traffic during the year has been with France, Belgium, Channel Islands, Sweden, Finland and Baltic Ports, in addition to English and Scottish Ports generally.

Imports from abroad were chiefly Timber, Stone, Slates, Building Materials, Iron and Steel, Superphosphates, Vegetables and general cargoes ; and by coastal traffic, Coal, Cement, Oil, Petrol, Manures, Stone, Grain, and general cargoes.

Exports were chiefly Clay, Oil Cake, and general cargoes.

III. *Source of Water Supply.*

The water supply available for the port and shipping is that of the Town Mains, which carry a chlorinated water of high bacterial purity from deep wells in the Corfe Hills in the vicinity. There are no water boats in use in the harbour.

IV. *Infectious Diseases.*

(1) *Arrangements for detection of Infectious Diseases on Inward Vessels.* Masters of incoming ships report to H.M. Customs or Harbour Master, who are in direct telephonic communication with the Port Medical Officer.

(2) *Arrangements for notification to the Port Sanitary Authority of the arrival of inward vessels requiring special attention.* H.M. Customs Office and the Harbour Master are in tele-

phonic communication with the offices of the Port Sanitary Authority direct. Immediate intimation of the arrival is passed by the former to the Port Medical Officer and Sanitary Inspector.

There are no local facilities for communicating direct with incoming vessels by wireless. It would be an advantage if all incoming vessels equipped with wireless were required to send a message stating the probable time of their arrival in the Port, and whether any infectious disease is known or suspected to exist on board.

(3) *Methods of boarding vessels on arrival.* The routine observed in the case of a vessel arriving at the Port which has not a clear bill of health as regards infectious diseases is as follows. The vessel is piloted to the "Approved Boarding Station"—off Stakes Buoy—where it is boarded by the Port Medical Officer, Sanitary Inspector and Customs Officer, before anyone on board leaves the vessel. The Medical Officer, after making his inspection, gives his instructions in accordance with the provisions described below.

(4) *Arrangements for disposal of cases of infectious disease and for observation or surveillance of contacts.* The Port Sanitary Authority makes use of two Hospitals belonging to the local Sanitary Authority which are available for treatment of infectious cases, one at Alderney, near the landward boundary of the town, and the other on Baiter Peninsula in the Harbour, the latter being reserved for Smallpox, Plague, Cholera and Yellow Fever.

(5) *Arrangements for disinfection of infected quarters, bedding, clothing.* Alderney Isolation Hospital is the disinfection station for the Port. The steam disinfector available there is of the jacket type, working to 40-lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham. Four wholetime employees skilled in methods of disinfection are available on emergency, with equipment for formaldehyde and sulphur vapour treatment of quarters and articles not suitable for treatment by steam.

(6) *Arrangements for cleansing of persons.* Alderney Isolation Hospital is also the Disinfestation Station for the Port, for cleansing and disinfesting verminous persons. Here a block, with reception, bath, and discharging rooms, is available, while clothing, etc., are treated by steam disinfection.

(7) *Arrangements for Ambulance transport.* A motor ambulance maintained at Alderney Isolation Hospital, and in direct communication by telephone, is available. This vehicle can take two lying-down and two sitting cases, in addition to driver and nurse or attendant.

(8) *Arrangements for detection and treatment of Venereal Disease among Sailors.* Under the International Agreement regarding Venereal Diseases, suitable notices are available for all crews arriving in the Port, being issued to the Captain at first call. The Port Medical Officer is available for emergency advice,

The local treatment centre is at the Victoria and West Hants Hospital, Boscombe, and to this all suitable cases are directed with printed guidance. If an affected sailor is in Port only for a very short time, he is advised as to the site of the Centre at his next port of call. One seaman applied for treatment under this Agreement, and was directed to the local Treatment Centre.

(9) and (10) *Arrangements for bacteriological examination of rats and other material.* The Port Medical Officer is also Director of the Public Health Laboratories of the Sanitary Authority, where facilities exist for all routine and special examinations of bacteriological or pathological significance. The Laboratories are central, and in direct telephonic communication.

Cases of infectious sickness. No cases of infectious sickness occurred on vessels during voyage or were disposed of prior to arrival, and no cases were landed at the Port, during the previous five years.

V. *Measures against Rodents.*

(1) *Steps taken for detection of Rodent Plague.* Vessels are inspected on arrival, the master being interrogated. Periodical inspection of wharves, warehouses, etc., is made in the course of routine duties by the Sanitary Inspector and one of the Authority's ratters.

(2) *Measures taken to prevent passage of rats between ships and shore.* Zinc hawser baffles are maintained in store for this purpose.

(3) *Methods of deratisation of*

(*a*) *Ships.* Sulphur dioxide fumigation is used.

(*b*) *Premises in vicinity of docks or quays.* Red squills, phosphorus, etc., are used, in accordance with experience gained as to suitability of bait. In this respect, see General Public Health Section.

(4) *Measures taken for the detection of rat prevalence in ships and on shore.* Detritus from gnawing, and rat excreta, are searched for in suitable places during periodical inspections.

TABLE F.

Rats destroyed during 1932, on Vessels—Nil.
In Docks, Quays, Wharves and Warehouses :

Number	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Black... ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown ...	5	—	—	2	—	—	—	—	—	—	—	—	7
Species not recorded ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Examined ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Infected with Plague ...	—	—	—	—	—	—	—	—	—	—	—	—	—

No vessels have arrived direct at the Port during the year from a port infected with, or suspected to be infected with Plague, Cholera, Yellow Fever, Small Pox, or Typhus.

All ships visiting the Port were clear of rats when inspected and there was no call to subject a vessel to measures of rat destruction during 1932.

VI. *Hygiene of Crew's spaces.*

TABLE J.

Classification of Nuisances.

Nationality of Vessel.	Number inspected during 1932	Defects of original construction	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health
British ...	514	—	—	25
Other Nations	81	—	—	5

VII. (1) *Food Inspection.*

There are no imports of foodstuffs, except the marketing of onions and some potatoes from France.

The Authority's Analyst is available for examinations and reports, in addition to the local Public Health Laboratory service.

(2) *Shellfish*

The difficulty which had been met in recent years in maintaining a supply of oysters above reproach as edible shellfish was the result of the growth of the popularity of the District, and the presence close to the shores of the Bay and Harbour, of a population of some 200,000 inhabitants. The oyster is naturally a pure vegetarian ; it has considerable defensive powers against contamination from external sources, and, if placed in favourable circumstances, will effectually cleanse itself of any doubtful taint. Hence the present position of the trade in Poole oysters, viz., that oysters dredged from the Harbour generally shall be relayed at an approved area—the relaying beds at Shipstal, in the Arne Reach of the Harbour—as a prior condition to their sale in open market.

Tests periodically carried out in the Borough Public Health Laboratories on samples of those which have been so relaid for a period of fourteen days, show them to have become by the process, a clean, marketable oyster capable of holding its own with the product of Whitstable and other reputed beds. The actual Laboratory tests carried out give the results in accordance with expectation, and show the dependability of the re-laying process at the Shipstal beds.

The close season extends from 15th May to 30th September each year.

The following extracts from periodical reports of the Chief Fishery Officer of the Southern Sea Fisheries District Committee and of the Committee itself indicate the present condition of the Oyster industry as it effects Poole.

Quarter ending 21*st January*, 1932.

> " *Up to the present time not much oyster dredging has taken place, and the grounds throughout the District appear to be in a poor condition.*"

Quarter ending 21*st April*, 1932.

> " *The oyster grounds continue to be in a very depleted state and there is very little evidence of quarter ware, which indicates that there was very little spat during the last season. There has been no recovery from the mortality that occurred in* 1920 *and* 1921 *and which had the effect of nearly destroying some of the oyster beds. There has been a succession of bad spatting seasons, and during the present Quarter very few oysters have been taken from the grounds. The numbers of slipper limpets are still increasing in this district.*'"

Quarter ending 20*th October*, 1932.

> " *Very few oysters have been taken up to the present time. It is reported that there is a scarcity of oysters on the oyster grounds. It is however apprehended that there has been a good spatting season, but it is too early to make any accurate statement on that matter.*"

* * * *

> " *I made an inspection of the oyster grounds in Poole Harbour on the* 17*th September last. In two dredges* 65 *oysters were taken after making* 18 *hauls in different parts of the Harbour. The average number of oysters taken at each haul was less that it was last year. I regret to say that the grounds are very badly fouled by ascidia and slipper limpets. In some parts of South Deep there were slipper limpets in large quantities but no oysters. The same conditions were observed in Upper Wych Channel. The grounds generally are in a worse condition than last year and very few young oysters (one or two years old) were seen.*"

* * * *

> " *It was also recommended that sanction be given to dredge during the current season* 25,000 *oysters from the fishery for the purpose of being deposited on the laying grounds comprised in the lease to be granted to the Poole Fishermen's Society Limited.*"
>
> " *It was also recommended that in substitution for the resolution passed by the Joint Committee at the Quarterly Meeting held on* 15*th October*, 1931 (*authorising payment of* 6*d. per bushel for all slipper limpets taken from Poole Harbour and delivered to an Officer of the Committee subject to the total of the payments*

not exceeding £10) *payment be made by the Committee for services to be rendered by the Poole Fishermen's Society Limited in cleansing the grounds of the Harbour from ascidia and slipper limpets subject to the total amount so to be expended not exceeding the sum of* £10."

Quarter ending 19*th January*, 1933.

" *There does not seem to be any improvement observable in the oyster grounds in this district. It was expected that the past spatting season would have been a fairly good one, but that expectation does not appear to have been realised. The oysters that have been taken in the district have been relaid for cleansing purposes before being placed on the market. Slipper limpets are increasing in quantity and have been seen in augmented numbers on shell fish caught off Weymouth.*"

PART III

Maternity and Child Welfare.

PART III

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

(Abridged Report).

LIST OF COMMITTEE, 1932.

The Worshipful the Mayor :

Alderman H. S. Carter, J.P.

Chairman :

Councillor Miss C. H. J. Paterson, J.P.

Vice-Chairman :

Councillor L. A. Tawney.

Members :

Alderman J. C. W. Julyan, J.P.

Councillors :

J. Bright
R. H. Milledge
W. G. Fry
H. Y. Salkeld

Co-opted Members :

Rev. R. Fawkes
Mrs. Tatham
Mrs. Sansom
Mrs. Roberts

ORGANISATION.

The Medical Officer of Health is also Medical Officer for Maternity and Child Welfare. He is assisted by Dr. G. Chesney, Assistant Medical Officer of Health, and five full-time Health Visitor-School Nurses, who work on the district allotted to each, visiting the newly-born and children up to five years of age, giving advice to mothers and expectant mothers, and referring them, when necessary, for medical advice either to a practitioner or to a Clinic or Centre.

Ante-natal and Post-natal Clinics are held at the Municipal Clinic, Market Street, Poole, on Mondays at 4 p.m. and on Thursdays at 11 a.m.; and at the Branksome Council Buildings on Tuesdays and Fridays at 2 p.m., where expectant mothers, nursing mothers and their children, who for one reason or another do not attend either a family doctor or the Voluntary Association Centres, can interview the Medical Officer. The Health Visitors assist.

These Clinics, in conjunction with the home-visiting by Health Visitors, form a focus of investigation and assistance which leads in suitable cases to :—

(a) reference to a General Practitioner, the out-patient department of a Hospital, Dispensary, or a Voluntary Centre ;
(b) the issue of milk or dried milk—free or at reduced rate, either for mother or baby ;
(c) admission to the maternity ward of Cornelia Hospital for some ascertained or expected complication of pregnancy, or occasionally where normal confinement cannot, from lack of suitable accommodation, be safely carried out at home ;
(d) admission to the infants' ward at Cornelia Hospital in suitable cases of debility, wasting, etc. ;
(e) admission to the Isolation Hospital in suitable cases of Puerperal Sepsis or Pyrexia, Ophthalmia Neonatorum, Measles complicated by Bronchitis, etc.

The ante-natal side of this work is closely co-ordinated with the Obstetrical and Gynaecological Clinics of Cornelia Hospital, where also is the Hospital Ante-natal Clinic and the Maternity Ward.

Acting in close co-operation with the Health Department, the Borough of Poole Maternity and Child Welfare Association, formerly the Poole Mothers' Association—an old established body of voluntary workers—is a valuable asset in the advancement of health in the town. It is subsidised by the Borough Council, has the advantage of the services of six local practitioners, and two dental surgeons, and the assistance of the Borough Health Visitors, who, with a salaried Superintendent (C.M.B.) and many voluntary helpers distribute their energies over five centres and

Schools for Mothers, in the Poole, Longfleet, Newtown, Branksome and Heatherlands districts.

Particulars of the facilities are posted up, by arrangement with the Postmaster General, in the local Post Offices, and also in other meeting places and Institutions.

WORK DONE UNDER THE BOROUGH SCHEME.

The Medical Officer of Health and his staff have carried out the following work during the year.

(1) *Home Visiting.*—The Health Visitors, and the Medical Officer, where considered necessary, have paid 526 visits of advice to expectant mothers, and 11,004 visits to infants and children under school age.

(2) *Ante-natal, Post-natal and Infant Welfare Clinics.*—The Medical Officer or the Assistant Medical Officer personally attends all clinics. At these, advice, and, where advisable, treatment, have been given to 355 expectant or nursing mothers, who made 1911 visits to the Clinics; to mothers on behalf of their children in 663 individual cases, who made 4,641 clinic visits. These attendances show a considerable increase on those of 1931.

In the ante-natal care of mothers, examination of urine is made during the last three months. 54 such examinations were made in all.

Records of blood-pressure are also kept, as an adjunct in anticipating possible complications.

There is also established at Cornelia Hospital in co-operation, on Thursday afternoons, an ante-natal clinic, at which the expectant mothers who are waiting admission to the Maternity Ward under the Scheme meet, and are examined and kept under observation by the Obstetrician who will attend them during their stay in the ward.

The Hospital records show that of 127 expectant mothers attending the Hospital Ante-natal Clinic, 97 were referred from the Municipal Clinic and 30 by general practitioners. Those referred by the Medical Officer made 298 such attendances. Ultimately 76 of those referred under the Borough Scheme passed through the Maternity Ward.

(3) *Issues of Milk and Dried Milk.*—In certain cases and under close supervision, dried milk is sold at cost price for use of infants where for definite reasons the mother's milk is not available, or where seasonal conditions render ordinary cow's milk undesirable. This part of the Scheme is self-supporting, but no profit accrues.

Cow's milk at reduced rates, or free issues of cow's milk, are allowed, for medical reasons only—in most cases to the amount of one pint per individual per day—where the household income does not exceed a sliding scale approved of by the Ministry of

Health. It has been granted, usually in four-weekly periods and renewable, in 258 cases, an increase of 31 on 1931.

In some cases the issues commenced with those expecting to become mothers within three months, or with mothers nursing their infants whose breast milk showed signs of insufficiency.

In suitable cases the milk was continued for the direct benefit of the infant, where for an ascertained reason the mother's milk was not available or suitable, and in a selected few the issue was carried into the second year, where home conditions were handicapping the child.

(4) *Hospital Services for Maternity and its Complications.* Accommodation is provided at Cornelia General Hospital and at the Borough Isolation Hospital (for Puerperal cases).

In 1932, 76 cases were admitted, as compared with 67 in 1931, and 56 in 1930. 33 of the admissions were cases of emergency, of which three required the Caesarean operation. There were, amongst these 33, two infantile deaths and 7 stillbirths. There were 39 live births in the 41 " accommodation " cases. Details are to be found below.

(5) *Hospital Treatment under Child Welfare Scheme.*—Nine infants have received attention as in-patients at Cornelia Hospital, and one for ophthalmia neonatorum at the Borough Isolation Hospital. Details are to be found below.

HOSPITAL ADMISSIONS.

Maternity.

No.	Nature.	No. of Deliveries.		Deaths.					Abortions.
		M.	F.	Maternal.	Infantile.		Stillbirths.		
					M.	F.	M.	F.	
2	Severe Contracted Pelvis (Caesarean)	2	—	—	—	—	—	—	—
6	Contracted Pelvis	2	4	—	—	—	1	—	—
1	Cripple	1	—	—	—	—	—	—	—
3	Premature Labour	1	2	—	—	1	—	—	—
12	Slight Contracted Pelvis	7	5	—	—	—	1	—	—
1	Eclampsia	1	—	—	—	—	1	—	—
1	Antepartum Haemorrhage	1	—	—	—	—	—	—	—
1	Uterine Fibroid	1	—	—	—	—	—	—	—
2	Malpresentation	1	1	—	—	—	—	—	—
1	Obstructed Labour	1	—	—	—	—	—	—	—
1	Placenta praevia and antepartum haemorrhage (severe)	1	—	—	—	—	1	—	—
1	Placenta praevia (Caesarean)	—	1	—	—	—	—	1	—
1	Partial placenta praevia	1	—	—	1	—	—	—	—
2	Elderly primipara	—	2	—	—	—	—	—	—
41	Accommodation or primiparae	27	14	—	—	—	2	—	—
76		47	29	—	1	1	6	1	—

HOSPITAL ADMISSIONS—*(contd.)*

Infants.

Provisional Diagnosis	Discharged			Remaining in Hospital.	Died.	Total
	In Good Health.	Improved	No Improvement			
Marasmus, Nutritional	—	3	—	1	1	5
Ophthalmia Neonatorum	1	—	—	—	—	1
Rachitis, severe	—	—	—	1	1	2
Mental Defect and Atony	—	1	—	—	—	1
Cardiac abnormality	—	—	—	1	—	1
	1	4	—	3	2	10

OPHTHALMIA NEONATORUM.

This threatened blindness in the newly-born infant from a damaging infection of the eyes has been found in only one case during the year in 887 live births.

That the numbers should have dropped from the 21 cases of 1921 to 9, 5, 4, 4, 3, 2, 4, 1, 1, 0 and 1 in each successive year, is testimony to good work on the part of the practising midwife, good following up by Health Visitors, and, not least, better education in Hygiene on the part of the mother.

MIDWIVES ACTS, 1902-1926.

On October 1st, 1930, the Council became the local Supervising Authority by transfer from the County Council.

There were at the end of 1932, 27 midwives on the practising Roll, distributed as follows :—

Living in and practising within the Borough ...	15
Living outside, and practising within the Borough	6
Living and practising in Institutions in the Borough	6
	27

In 1932 medical aid was summoned in 72 cases.

CHILDREN AND YOUNG PERSONS ACT, 1908-1932.

The duties of supervision of children boarded out with foster mothers were taken over on 1st April, 1930.

With the general supervision of the Medical Officer, each of the five Health Visitors is an authorised Inspector under the Act, and their work under this Act is closely associated with that carried out for the Maternity and Child Welfare Scheme generally, many of the foster mothers making regular attendance at either clinic or a voluntary Centre.

There are 51 foster children on the Register at the end of the year, in the care of 38 foster mothers. 444 visits were paid to these by the Inspectors.

NURSING HOMES REGISTRATION ACT, 1927.

The work of supervision under this Act was transferred to the Borough, from the County Council on April 1st, 1930.

There are 12 institutions on the Register, an increase of 3, one being exempt and 11 subject to supervision, of which latter 4 are classed also as Maternity Homes. These are in charge of qualified midwives subject to supervision under the Midwives Acts.

VOLUNTARY WORK.

The Borough of Poole Maternity and Child Welfare Association. The workers of this association, which is subsidised by the Borough and is under the guidance of the Medical Officer and the Health Visitors, continue to give most valuable support to the aims of the Municipal Scheme. It is now in the 25th year of its activities, and is one of the pioneers of this work in the country.

The activities of the Association include a Maternity Provident Club, Savings Bank, Dental Club, Sale of Children's Garments, and loan of Sick Room requisites, bed linen, packs, etc.

INFANTILE MORTALITY.

Reference to Table A of the Public Health Section of this Report will show that 1931 gave the lowest death rate amongst infants, being 43.2 per 1,000 live births.

In 1932, the total number of infants dying under one year of age was 49, in 887 live births, giving a mortality rate of 55.2 per 1,000 born. For a partly industrial centre, this may be considered a satisfactory figure, the rate for England and Wales as a whole being 65, and for the larger towns of the country, among which Poole is classed, 68.

Examination of the cause of death (see Table C) as certified by the medical attendant in each case, shows that 33 of the 49 were directly or indirectly due to some ante-natal cause affecting the mother, which prevented the child from entering the world with a fair chance to survive. In the previous year there were 22 such out of 39.

There were also 33 stillbirths not included in the above figures, and these have to be added to the toll of infant life sacrificed to abnormal ante-natal maternal conditions. So that altogether 82 potential lives were lost on this account, as compared with 62 in 1931.

26, or 53 per cent. of the whole, did not survive one month, and are described as neo-natal deaths. 24 of this 26 died from ante-natal causes. Of this 26, 15 were under one week at the time of death.

It would be futile to suggest that any form of organised Health activities could hope to wipe out this wastage. There are too many factors at work, human nature included. But what we can hope for is that the development of accessible Centres for ante-natal advice, and of maternity facilities freed from the anxieties of awkward home conditions, with advisers whose personality and experience can spread mutual and general confidence, will result that the girl of to-day, who has grown to girlhood with a more active appreciation of the laws of Health and Hygiene, may in her motherhood be spared many of the avoidable mischances of the past.

DEATHS OF CHILDREN FROM 1—5 YEARS.

I repeat below a comparative table which shows from year to year the proportion of deaths of infants under 1 year and of children under school age. It will be seen that the reduction in loss of infant life, as indicated by the gradual fall in the percentage of infant deaths compared with the total deaths, is not, as some critics would assert, merely a postponement of death into the second year of life. The reduction in the percentage loss of " toddlers " over the period reviewed is greater than that achieved for infants, which goes to show that to whatever causes the improvement in the infant's chance of life is due, these are sufficiently sound to gain enhanced effect as the child grows older. It is not too bold a claim to assert that Maternity and Child Welfare Work is one of these causes.

Year	Population.	Births	Deaths under 1 year	Per cent. of Total Deaths	Deaths 1—5 years	Mean Deaths 1—5 by four-yearly groups.	Per cent. of Total Deaths	Deaths over 5	Per cent. of Total Deaths	Total Deaths
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1907	32518	895	68	16.3				316	75.8	417
1908	33217	880	87	19.4	43			318	71.0	448
1909	33524	933	83	17.8	40			343	73.8	468
1910	34168	884	73	16.8	43			318	73.3	434
1911	39102	936	118	21.6	45	42.75	9.0	384	70.2	547
1912	40386	918	81	17.7	28	39.00	8.2	348	76.1	457
1913	41066	910	75	16.6	23	34.75	7.4	354	78.3	452
1914	41889	883	68	14.1	38	33.50	6.9	375	77.9	481
1915	42800	812	76	14.6	38	31.75	6.6	406	78.1	520
1916	42331	840	64	12.0	43	35.50	7.1	428	80.0	535
1917	42335	690	58	11.0	40	39.75	7.7	432	81.5	530
1918	43829	680	55	9.4	36	39.25	7.2	491	84.4	582
1919	41100	769	48	9.1	21	35.00	6.4	458	87.0	527
1920	43400	1024	77	16.4	13	27.50	5.2	381	80.9	471
1921	43649	951	70	13.4	9	19.75	3.8	442	84.8	521
1922	43250	865	69	11.1	32	18.75	3.5	522	84.1	623
1923	43860	845	51	9.8	18	18.00	3.4	454	86.8	523
1924	45150	814	54	10.3	21	20.00	3.9	450	85.7	525
1925	46150	837	60	11.1	20	22.75	4.2	462	85.2	542
1926	49150	861	46	8.3	11	17.50	3.2	496	88.7	553
1927	51030	895	52	8.3	9	15.25	2.4	567	90.3	628
1928	52940	916	46	7.4	22	15.50	2.5	553	89.1	621
1929	53870	905	42	5.9	27	17.25	2.4	640	90.5	709
1930	56150	939	54	7.9	19	19.25	2.8	623	89.5	696
1931	56780	902	39	5.5	23	22.75	3.2	647	91.3	709
1932	58230	887	49	7.2	21	22.50	2.1	612	89.7	682

MATERNAL MORTALITY.

There was one death during the year from Puerperal Fever, none being attributed to other complications of pregnancy.

PART IV

School Medical Service

SCHOOL MEDICAL SERVICE.

LIST OF EDUCATION COMMITTEE, 1932.

Chairman :

Alderman H. S. Carter, J.P.

Vice-Chairman :

Councillor M. J. Wheatley, J.P.

Aldermen :

F. J. Bacon, J.P.
A. E. F. Cornwell.
H. J. Cole.
J. C. W. Julyan, J.P.

Councillors :

Miss C. H. J. Paterson, J.P.
A. H. Johnston, J.P.
G. W. Green, J.P.
W. C. J. Shortt.
A. W. Welford.

Co-opted Members :

Miss Barker.
Miss Jefferys
J. Stanley Little
A. J. Mockridge.
Miss Budge.
H. W. Hicks.
E. Lack.
J. W. White.

STAFF

School Medical Officer	R. J. Maule Horne, M.A. (Hons.), M.B., Ch.B., B.Sc., D.P.H.
Asst. School Medical Officer	G. Chesney, M.B., B.Ch., B.A.O., D.P.H.
Ophthalmic Surgeon	*Alex. Stables, M.B., C.M.
Ear, Nose and Throat Surgeon	*C. Salkeld, B.A. (Lond.), M.B., B.S. (Durham),
Radiologist	*D. D. Malpas, M.R.C.S., L.R.C.P.
Anaesthetist	*J. C. A. Norman, M.R.C.S., L.R.C.P.
Dental Surgeons	*L. B. Myers, M.B.E., L.D.S. *R. G. S. Holmes, L.D.S.
School Nurses and Health Visitors	Miss A. L. Hooper. Miss L. B. Lever. Miss C. C. Mount Batten. Mrs. H. I. Partridge. Miss B. A. Sydenham.
Chief Clerk	F. B. Edwards.
Clerk	Miss I. D. Maynard, resigned June, 1932. Miss K. D. Codd, appointed June, 1932.

*Part-time Officers.

I. SCHOOLS IN THE BOROUGH.

There are in the Borough 13 Public Elementary Schools under the control of the Local Education Authority, with a total of 25 departments, and accommodation for 7,065 children. For the year 1932 the number of names on the register was 6,707, and the average attendance was 6,029.

Of the 13 Public Elementary Schools, 8 are Council schools, with 14 departments and accommodation for 4,579 children, and 5 are non-provided schools, with 11 departments and accommodation for 2,486 children.

The Russell-Cotes Nautical School, an elementary school under the control of the Local Education Committee, with accommodation for 70 boys, is situated within the Borough, but being a special school having its own Medical Officer, it does not appear in the figures relating to the School Medical Service proper.

There are in addition 19 private schools, and a survey regarding their accommodation, average number of scholars, age groups, and hygienic conditions is at present being carried out.

In Table V is given the list of schools under the Local Education Authority, with recognised accommodation and statistics of attendance.

II. CO-ORDINATION.

The fact that the School Medical Officer is at the same time Medical Officer of Health, in charge of the Borough's Maternity and Child Welfare Scheme, and Medical Superintendent of the Borough Isolation Hospitals, admits a unification of control, a continuity of effort, and a possibility of "following-up," which becomes more difficult of achievement in a community of larger numbers.

A School Medical Service is firstly preventive, secondly advisory, and thirdly remedial. In its preventive aspect, its function is to keep healthy children well, and to safeguard them where possible from unhealthy contact. In its advisory aspect, its function is to detect incipient or unrecognised ill-health in the school child, and to direct it to its proper curative guide, the family doctor. The remedial aspect takes shape in two forms—(*a*) to deal with such minor ailments as do not in themselves demand a doctor's services, but which, if left uncontrolled, may ultimately become more serious, to the detriment of educational progress, and (*b*) to organise a scheme of treatment for defects of a more specialised nature, which, though requiring expenditure prohibitive in many individual cases, yet when so organised can be economically brought within the reach of all whose health would benefit by its application.

As being special in nature, the defects require specialised treatment, hence the co-operation in the scheme of the services of the local specialists in each sphere—the Eye, the Ear, the Nose and Throat, the X-Ray, the Orthopaedic and the Dental Specialist.

To carry the service into effect in as complete a manner as possible, the work is sub-divided into :—

(1) Routine and Special Inspections by the School Medical Officer, with School Nurse and clerical assistance.
(2) Class-by-class inspections by School Nurses.
(3) Clinics for advice and treatment.
(4) Following up.

Medical Inspections. To systematise this work, all children at entrance and at fixed age periods in their curriculum are thoroughly examined. Parents are in all cases invited to be present. Children who are found to have some definite defect or defects are scheduled as " specials " for re-examination periodically, unless in the meantime the defects which can be so corrected have been attended to either by the parent's arrangements with the family doctor, or by means of the School Clinic system in operation.

These medical inspections apply at present to Elementary Schools only.

Class-by-class Inspections. The School Nurses visit Schools periodically for the purpose of making rapid surveys of general scope, such as personal cleanliness, to detect undesirable, contagious or possibly infectious conditions, and to act generally in co-operation with the School Staff in preserving the general health tone of the Schools.

Clinics. Facilities for advice and treatment are provided as follows :—

(*a*) *Minor Ailment Clinics.*
  (i) 67 Market Street, Poole. Each School day at 9 a.m.
  (ii) Branksome Council Buildings. Each School day at 9 a.m.

Every child sent to the Clinic by General Practitioner, by School Head, by School Attendance Officer, or by Parent, is seen by the School Medical Officer, who determines whether each is a suitable case for clinic treatment, and if so, arranges for treatment accordingly. If the defect is of a special nature,calling for the services of a specialist, the child in course receives attention at one of the following special clinics :—

(*b*) *Dental Clinic.*	67 Market Street, Poole : Mondays, Wednesdays and Fridays, 2 p.m.
(*c*) *Eye Clinic.*	Cornelia Hospital : each Tuesday at 3.15 p.m.
(*d*) *Nose and Throat Clinic.*	Cornelia Hospital : each Monday morning at 10.30 a.m. ; with in-patient accommodation for such cases as are considered suitable for retention in Hospital.

(*e*) *X-Ray Clinic for Treatment of Ringworm.*	Cornelia Hospital: each Monday afternoon at 3 p.m.

For protection against the dangers of diphtheria, the Public Health Department opened an immunisation clinic in October, 1929. This is held at the Poole Minor Ailment Clinic on Tuesdays at 11 a.m.

For the abnormal child—the dull or backward, the deaf and dumb, the blind or partially blind, the cripple, the epileptic, and the mentally defective, the aim is to arrange in suitable cases for admission to a special class, school or institution, where the child's disability may present the minimum of disadvantage to himself and those around him, and offer the best chance of progress.

III. SCHOOL HYGIENE.

Following on the alterations and additions in 1931 to Hamworthy and Oakdale Schools, whereby these Schools have been considerably enlarged and modernised, an extensive alteration and extension scheme was completed in 1932 at Lagland Street Infants School. This school is now virtually a new and modern building, and with its increased accommodation it has been possible to transfer all the children from the old and hygienically unsatisfactory St. Paul's Infants School, which has now been closed.

The increased accommodation resulting from these alterations and extensions is shown in the following table :—

School.	Accommodation prior to Extension.	Present Accommodation	Increased Accommodation
Hamworthy ...	401	540	139
Oakdale	198	410	212
Lagland Street ...	249	394	145

The general hygienic and structural conditions of St. James, St. Peter's, and National Schools are most unsatisfactory, and in the interests of the health of the scholars, and to enable them to profit to the fullest extent by their educational curriculum, it is highly desirable that at an early date the question of providing other accommodation be considered.

The building of an additional school for the rapidly developing Upper Parkstone area, where considerable congestion in the present schools exists, has been held up owing to the difficulties which have arisen in obtaining a suitable site, but further negotiations regarding a site are in progress.

IV. MEDICAL INSPECTION.

The routine medical inspection of the three age groups (Entrants, Intermediates and Leavers) is carried out at the schools, except in a few instances where suitable arrangements cannot be made without interfering with the school routine. The provision of a room suitable for medical inspection is being considered in any projected plans for new school buildings.

During the year 952 entrants, 560 Intermediates (children of the age of 8 years), and 766 Leavers (children of the age of 12) were examined—a total of 2,278, as compared with 1887 in 1931. This total is the largest number inspected in the Borough, exceeding by 160 the previous highest number of 2,118 in 1928. In addition 487 children were re-inspected at school as "specials."

In Table II. a detailed list is given of all defects found in children at routine and special medical inspection.

V. FINDING OF MEDICAL INSPECTIONS.

Clothing and Footwear. Of 2,278 children examined, 6 were found definitely unsatisfactory in clothing, and 9 in footwear.

Nutrition. 59 of the 2,278 were below normal, and of these 13 were below par to such an extent as to render the way easy for permanent or chronic ill-health.

Uncleanliness. One child had head lice, but none were found with body lice. 170 of the 2,278 children were found to have nits of the head louse in their hair. 13 had prominent marks of the bites of fleas. In some cases both conditions were present. The figures were 257 and 71 respectively in the 1,887 children examined in 1931. This still leaves much to be desired, and it is hoped that as the young generation grows up, education in personal cleanliness will remove this stigma.

Teeth. The figures given below are the results of the School Medical Officer's inspection, not of the Dental Specialists, and are given to show the general trend of the results.

Percentage with	1928	1929	1930	1931	1932
All teeth sound	54.0	53.7	49.7	43.6	46.7
1—3 defective	29.5	29.9	29.0	34.7	36.2
4 or more defective ...	16.5	16.4	21.3	21.7	17.1

The round 20 per cent. at the bottom of the scale are to a great extent "irreconcilables," who are likely to remain in spite of advice and teaching.

Apart from these irreconcilable objectors, inspection shows that even by the age of five years the temporary teeth have been the victims of injudicious training and diet to such an extent as seriously to interfere with successful effort on the part of the Dentists to preserve them.

Education of the parent in the sphere of child welfare has not up to the present penetrated sufficiently with regard to suitable diet for and care of the milk teeth.

The following figures for the year show both the high ratio of decay in the young children and the desirable results of the Dental Scheme in the older scholars.

	Entrants	Intermediates	Leavers	Total
Examined ...	952	560	766	2278
Teeth sound ...	386	216	461	1063
1—3 decayed ...	321	231	273	825
4 or more decayed ...	245	113	113	390

Skin. In 1931, 13 cases of impetigo, 2 cases of scabies, and 36 minor skin defects were found. In 1932 the figures are one case of impetigo, 3 cases of scabies and 46 minor defects.

Eyes. 100 of the 2,278 children examined had defective vision, while 37 had squint. 15 children had blepharitis at the date of examination, and there was one case of corneal opacity and 12 cases of other minor eye defects.

Ears. Six of the children examined had some degree of deafness, but not to a degree to hamper their progress in an ordinary school. A history of intermittent otorrhoea was found in 7.

Nose and Throat. 237 children showed unhealthy or hypertrophied tonsils requiring treatment, and 6 cases were noted for observation. In 61 cases adenoid defect existed, and in 4 cases both were present in a marked degree. In addition 52 other abnormal conditions of the throat and nose were discovered, deviation of the nasal septum and simple tonsillitis being noted in several cases.

It is a noticeable feature that, where the derangement of the tonsils was not due to a temporary cold or sore throat, the more aggravated and chronic enlargement in most cases coincided with a mouthful of bad teeth.

Enlarged Glands in the Neck. 97 children out of 2,278 were found on examination to have glands which were then or had lately been reacting to some unhealthy condition of scalp, ears, throat or teeth.

Defective Speech. 11 cases of speech defect were found, of which 6 were in need of treatment, and 5 were of minor degree.

Heart and Circulation. 6 children suffered from organic heart disease, while a further 41 showed a functional derangement. 13 had a noticeable degree of anaemia.

Lungs. 58 of the 2,278 children were subject to recurrent bronchial catarrh, of whom 42 were in need of treatment at the time of examination. There were 13 cases of non-tuberculous pulmonary defect, and 5 whose physical signs and general condition were suggestive of early tuberculous infection. The latter were referred to the Minor Ailment Clinic for further examination and observation.

Deformities. Of the 2,278 children examined, 15 showed a varying degree of deformity due to the existence of rickets previously. Of these, 10 were deemed capable of being improved by treatment.

There was one case of spinal curvature, and 47 other forms of orthopaedic defect, including deformities resulting from infantile paralysis and injuries.

Those deformities capable of being ameliorated or cured by operative or remedial exercise treatment were referred to the Orthopaedic Specialist of the Cornelia Hospital.

Nervous System. There was one case of minor epilepsy found, and 18 other forms of disorder of the nervous system, ranging from habit spasm to marked nervous debility.

"*Specials.*" Of 487 specials re-examined, the defective condition previously found had been completely rectified in 148. In a further 172 the condition was definitely improved, and in the remaining 167 no change could be observed.

Vaccination. In accordance with recent instructions on vaccination issued by the Ministry of Health, one or more marks are now accepted as evidence of effective vaccination. In 1932 :—

of 952 children under 8 examined, 19.3 per cent. were found to be vaccinated ;
of 560 children of 8, 21.8 per cent. were found vaccinated ;
of 766 children of 12, 19.5 per cent. were found vaccinated.

VI. INFECTIOUS DISEASES.

The only epidemic disturbance of note during the year was a sharp outbreak of measles during the second quarter. As is usually found, the Infant Departments were chiefly affected, four schools receiving Low Attendance Certificates between the 21st March and the 29th May.

During February, one Certificate was issued on account of the prevalence of whooping cough in the school, but the outbreak was not widespread.

The incidence of scarlet fever was low, there being only 17 cases of children of school age, of whom 14 were attending public elementary schools and 3 at private schools.

Diphtheria has shown a further fall during the year, only 38 cases occurring in elementary school children, of whom 25 were faucial cases, 12 nasal, and 1 laryngeal.

A close follow-up of all convalescent cases was maintained. Each child before returning to school after discharge from hospital was examined by the Medical Officer, particular attention being paid to the condition of the throat and nose. In each case swabs were taken of the throat and nose, and two consecutive negative reports were obtained before allowing the child to return to school. By this means undetected convalescent carriers were reduced to a minimum.

Contact carrier cases encountered during the year were dealt with by home isolation, the parents being given printed instructions regarding the necessary precautions to be taken. The undetected nasal case, with its highly infective discharges, is more responsible for the spread of the infection than the "clean" carrier, and the large number of nasal cases discovered and removed to isolation is due to the unremitting zeal of the school nurses, who throughout the year carefully combed the schools, all children with cracked and excoriated nostrils with irritating discharge being swabbed and brought to the notice of the Medical Officer.

The Diphtheria Immunisation Clinic commenced in October, 1929, has been continued during the year. A record of its work as affecting school children is given under section 22 of this report.

1572 visits were made to the homes of school children in connection with the occurrence of infectious diseases and the "following up" of the contacts.

VII. FOLLOWING-UP.

At the School Medical Inspection, the parents of children found with minor defects are given verbal instructions regarding the necessary treatment, and in suitable cases the children are referred to the Minor Ailment Clinics. More serious defects are followed up by a formal printed notice to the parents. Dental cases are referred to the Dental Clinic. Cases of unhealthy or enlarged tonsils and adenoids are admitted to the Cornelia Hospital for operation under the School Medical Scheme. Arrangements are being completed for an Orthopaedic Clinic at Cornelia Hospital to deal with crippling defects.

Defective children are re-inspected by the Medical Officer at the school as "specials," and the notice to parents regarding treatment is sent a second time if no steps are found to have been taken to deal with the defect.

Unaccountable absences from school are followed up by the School Attendance Officers, and many of these absentees are subsequently referred to the clinics.

The School Nurses paid 395 "rapid inspection" visits to the schools, covering in these inspections 42,916 children, and passing on to the appropriate clinic for necessary advice or treatment 612 of the children.

VIII. MEDICAL TREATMENT.

The Minor Ailment Clinics at Poole and Branksome are open from 9 to 10 a.m. each school day. Children are referred to these clinics from the school medical inspections, from the schools by the School Nurses or Head Teachers, by the Attendance Officers, or are brought by their parents. Minor ailments are attended to by the Medical Officer and the Nurses, and special defects are referred to the appropriate clinic or to the hospital, while general medical or surgical conditions are referred as a rule to the family doctors, and in certain special cases to the hospitals.

During the year, 3,112 cases were seen by the Medical Officer at the Minor Ailment Clinics. In addition, there were 4,430 subsequent re-inspections of these children, with necessary treatment. The total number of individual children who attended was 2,170, and the total number of attendances was 11,972. Some children attended on several occasions presenting varying minor ailments.

Minor Ailments and Skin Conditions. Uncleanliness of the head in the form of nits and vermin was dealt with in 184 children. In many the condition showed great neglect on the part of the parents. 72 of these children had to be excluded from school, with subsequent loss of grant. Two Sacker combs are kept at the Clinics, and are lent out when necessary. Repeated instructions have been given to the parents regarding the methods of dealing with this uncleanly condition.

Ringworm of the scalp was detected in 3 cases. All proved amenable to treatment at the Clinic. Ringworm of the body was found in 12 cases.

There was a decrease in the incidence of scabies, 24 cases being treated during the year compared with 55 in 1931. In several instances two or three children in one family were found to be infected, and some parents showed great carelessness and lack of interest in the effort to rid their children of this disagreeable infection.

There was a decrease in the cases of impetigo, 28 being found, compared with 61 in 1931. Other skin diseases seen during the year numbered 143. In addition there were 1,115 sores, bruises, chilblains, minor injuries and other miscellaneous defects seen at the Minor Ailment Clinics

Tonsils and Adenoids. 224 children with unhealthy or obstructive tonsils and adenoids were dealt with. This number includes cases referred from the School Medical Inspections. Of these, 123 received operative treatment at Cornelia Hospital under the School Medical Service Scheme, and 6 by private arrangements. In 1931, 157 were dealt with by operation under the School Medical Service Scheme.

Tuberculosis. One child was found to be suffering from pulmonary tuberculosis and six cases of tuberculous glands were seen during the year, and were referred to the County Dispensary Three cases of tuberculosis of the spine and two of the hip were referred to the Cornelia Hospital. Thirteen children were kept under observation on account of indefinite pulmonary symptoms.

External Eye Disease. Defects of the eye occurred in 98 cases, including two cases of corneal opacities.

Vision. The number of children referred for the first time to the Refraction Clinic at Cornelia Hospital was 217. Of these 140 actually attended.

A further 225 children who had in previous years been provided with glasses were notified to attend for a re-test and 128 actually attended for re-examination of their sight.

Of the above, spectacles were prescribed for 122, of whom 113 took advantage of the Borough Scheme to obtain glasses or new glasses—a proportion of 92.6% compared with 83.9% in 1931. Several other children are known to have had glasses provided from other sources.

After provision of spectacles, parents are advised to bring the child to the School Clinic, so that the fit and suitability of the glasses may be confirmed.

Ear Disease and Hearing. Defects of the ear and hearing were found in 67 cases. Cases of chronic otorrhoea were referred to the Aural Surgeon at Cornelia Hospital, and where indicated tonsils and adenoids were removed with a view to clearing up the condition.

Dental Defects. 330 children voluntarily attended the Minor Ailments Clinic for dental treatment. This is continued testimony to the popularity of the Clinic for a usually distasteful proceeding.

The Dental Surgeons inspected at the Schools 6,095 children, of whom 3,702 were ascertained to require treatment. Altogether 1,998 actually attended and received treatment, approximately 54 per cent. of the whole. The percentage for 1931 was 48.

There is not included in these figures a proportion of children whose parents, on the information and advice gained by the inspections, obtained dental treatment otherwise than through the School Dental Clinic.

Analysis of the ages of children inspected by the Dental Officers and the proportion requiring treatment, is given below.

Ages	5	6	7	8	9	10	11	12	13	14	Total
Inspected	547	623	726	714	739	763	752	721	446	64	6095
Referred for treatment	303	380	448	446	466	475	408	436	299	41	3702
Percentage requiring treatment	55.4	61.0	61.7	62.5	63.1	62.3	54.3	60.5	67.0	64.1	60.7
Percentage in 1931	61.3	65.3	73.8	68.2	71.2	62.1	63.3	64.5	64.1	65.9	66.2

Mr. Myers, the Senior Dental Surgeon, reports as follows :—

School Dental Clinic
Poole.
21/3/33.

I have to report that the year 1932 has been a very successful one, as you will see from the following figures. A great increase all round, and one useful decrease, i.e., in those returned as requiring treatment (139). The increases are as follows :

Inspected	292	Sound	431.
Attendances	159	Stoppings	21.
Gas Cases	117	Extractions (Temp. and Perm.)	684.

I am of the opinion that the parents of the children are taking more interest in the Clinic, and as time goes on I hope to see greater increases in the attendances.

Yours faithfully,
LANCE B. MYERS,
L.D.S., R.C.S. Eng.

Orthopaedic Defects. Two cases of active rickets, six cases of spinal curvature of varying degree, and 37 cases of minor and major deformities were seen at the Minor Ailment Clinics during the year. These were referred to the Orthopaedic Surgeon at Cornelia Hospital for advice and treatment.

IX. OPEN-AIR EDUCATION.

There are no open-air schools in the Borough, but in the additions and alterations to existing schools carried out during the year, the aim has been to approach as nearly as practicable the open-air type of school building. It would be well for the health of the school population if all elementary schools were built on the semi-open-air system, for if education in the open air is beneficial to the delicate child, it necessarily follows that it is of great value in maintaining health in the normal child.

X. PHYSICAL TRAINING.

There is no organiser of Physical Culture under the local Education Committee, but many of the teachers have had special instruction in this branch of education, and in the curriculum of all the schools time is set apart for exercises and physical training.

Organised games are played in most of the schools, and Football, Netball and Cricket are popular.

It is being clearly recognised that a good posture and correct carriage cannot be attained in growing children unless they are trained and taught how to attain these.

XI. PROVISION OF MEALS.

During the year, with the approval of the Education Committee, several schools continued the self-supporting scheme instituted the previous year for the supply of milk to the children midway through the school morning session, each child paying the cost of the milk supplied.

A temporary scheme commencing in January, 1933, for the provision of meals to suitable school children, is being instituted by the Local Education Authority in co-operation with a local voluntary organisation. Originating in an effort to help the children of unemployed parents, this scheme, so far as the Education Committee is concerned, will provide at seven centres midday meals for approximately 450 children, its scope being restricted to necessitous mal nourished scholars.

XII. SCHOOL BATHS.

None of the elementary schools are provided with baths, but during the summer months large numbers of school children attended the Open-Air Sea Water Swimming Pool in Kingland Road. Arrangements are in force whereby classes of 20 from the schools are given instruction in swimming half an hour once a week, a small grant for this purpose being made by the Education Committee. From 21 School departments, classes averaging 18 children were given 10 lessons, giving a total of 3,762 attendances of school children under this scheme.

XIII. CO-OPERATION OF PARENTS.

The parents of all children are requested to attend at the routine medical inspections, so that in case of abnormal conditions an accurate history of the defect can be ascertained and suitable advice given.

The interest taken by the parents in this work for the maintenance of the health of childhood is increasing, as shown by the following table, which indicates a steady increase in the number of parents attending the routine inspections, especially the first examination.

PERCENTAGE OF ATTENDANCE OF PARENT OR GUARDIAN.

	1928	1929	1930	1931	1932
Entrants ...	62.4	67.2	67.4	67.3	70.5
Intermediates	43.8	44.8	51.2	50.7	53.9
Leavers ...	16.0	22.5	22.6	27.1	29.5

A large number of parents accompany the children referred to the Minor Ailment Clinic, and in the majority of cases show keen interest in the welfare of their children and in the efforts of the School Medical Staff to attain and maintain a high standard of fitness in the children under their care.

XIV. CO-OPERATION OF TEACHERS.

There is close co-operation between the School Medical Service and the teachers. The lists of children for routine medical inspection are submitted by the teachers, and children presenting evidence of special defect are reported by them to the Department, or referred to the School Clinic for inspection. Reports on cases of suspected mental deficiency are submitted on Form 41.D. for the attention of the Medical Officer, and on all matters relating to the health and cleanliness of the children the assistance of the teachers can be relied upon.

XV. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The Attendance Officers work in close touch with the Medical Service. Consultations regarding individual children are frequent and all exclusions from school are reported daily by the Department to the Attendance Officers, who in turn report to the Medical Officer or School Nurses cases of sick children absent from school who are not receiving medical attention, and in suitable cases arrange for their attendance at the Minor Ailment Clinics.

XVI. CO-OPERATION OF VOLUNTARY BODIES.

Voluntary organisations which are engaged in work associated with the welfare of school children are The Guild of Social Service

The National Society for the Prevention of Cruelty to Children, The Poole Post-War Brotherhood, The Rotary Club, and the Round Table.

The Local Inspector of the N.S.P.C.C. is always willing to co-operate with the Department in dealing with cases of medical neglect, and carefully follows up all children reported to him, thereby rendering great assistance in dealing with difficult and careless parents.

During the year the Inspector visited 24 families concerning the welfare of 47 school children and paid 84 supervision visits, with most satisfactory results. No prosecutions were necessary.

The Children's Holiday Fund of the Poole Brotherhood arranges summer camps, and during 1931 sent for a week's holiday over 100 boys and girls. Clothing and footwear were supplied to any children who through lack of these would have been unable to take advantage of the holiday offered. These children were medically inspected by the School Medical Officer before proceeding to the holiday camps.

The Swanage Red Cross Children's Memorial Hospital received during the year eight delicate children of school age for a period of convalescence averaging 35 days, the parents contributing by arrangement.

The Poole Round Table entertained 550 poor school children at a Christmas treat and distributed 115 pairs of footwear to deserving cases. The Poor Children's Breakfast Fund organised by the Westbourne Congregational Young Men's Class entertained 185 poor children in the Borough at a Christmas Morning Breakfast, and distributed 230 pairs of footwear.

The Poole Rotary Club has devised a scheme whereby in necessitous cases transport is available for children on admission to or discharge from Hospital.

XVII. BLIND, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III. gives particulars of all exceptional children of school age in the area. A register is kept of all such children, and on a special defect card is recorded all information obtained regarding each case. New cases are ascertained by the Medical Officers in the course of their inspections, and by the School Nurses. The Attendance Officers and the teachers also notify to the Department any cases coming to their notice.

The scheme formulated in 1931 for the provision of a special day school for mentally defective children has not yet been developed, owing to the difficulty of obtaining suitable premises and to the restrictions of economy, but it is hoped that in the near future it will be possible to make special school provision for this type of defective child, whose presence in the ordinary class of the elementary school is a serious disadvantage both to himself and to the school. Either his presence is merely tolerated because of his inability to keep pace with his fellows, or his teacher ineffectively devotes to his tuition time and patience which would more profitably be spent on the advancement of the normal members of the class.

For the more pronounced dullards and for border-line cases which may ultimately prove to be feeble-minded or educationally defective, arrangements are being made whereby in a special class under the elementary school code these children may receive the patient and more individual assistance in their studies which they require, and may be more effectively observed, and their intellectual capabilities more accurately assessed. It is proposed to arrange accommodation for these special classes of dullards in two schools, one in the Upper Parkstone area and one in Lower Poole. To these classes suitable children from other schools will be transferred, and instructed by teachers sympathetically interested in their limited educational efforts.

Institutional arrangements for the deaf, dumb and blind are in force, and at present two children are at schools for the blind, and one is at a school for the deaf.

During the year 20 children were examined for mental abnormality. All these, excepting those so grossly defective as to be incapable of responding to such an examination, were tested by Burt's Revision of the Binet-Simon Tests for general intelligence and by performance tests.

Of these 20 children, one was a double defective notified to the Local Authority for Mental Deficiency, 5 were certified as being feeble-minded, and 10 were dull or backward, or were borderline cases requiring further observation, and 4 were found to be of average intelligence.

The necessity for the complete ascertainment of all mentally defective children in the area is clearly recognised, and efforts are being continued to discover and examine all such children, with a view to providing the education, training or care best suited to each individual case.

XVIII. NURSERY SCHOOLS.

There are no nursery schools, but at most of the infant schools there are what might be described as nursery classes, where children under five are taught and cared for. In the denser parts of the Borough it is found that the majority of the children are sent to school about the age of 3½ to 4 years, and although from the educational point of view the wisdom of this early start may be debated, there is no doubt that the earlier a child comes under the supervision of the School Medical Service, the greater is the opportunity for the correction of existing defects.

In the nursery classes, the work is essentially very elementary, and its value is more social than educational. Some schools have made provision for a period of rest for the youngest in the afternoon, and an extension of these arrangements to all nursery classes would be beneficial.

XIX. SECONDARY SCHOOLS.

The School Medical Service does not embrace the two Grammar Schools in the Borough, the routine medical inspection of the pupils at these schools being up to the present under the control of the County Council, which is the authority for Higher Education.

XX. CONTINUATION SCHOOLS.

There are no Continuation Schools in the Borough.

XXI. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

During the year, 82 children were examined under the Employment of Children Act, 1903, as amended by the Education Act, 1918, regarding their physical fitness for part-time employment. The majority of these children are engaged in newspaper delivery.

The Juvenile Employment Committee continues to do valuable co-ordinating work between school life and the labour market. The Committee's Report for the year ending 31st July, 1932, shows that during this period 461 Juveniles (237 boys and 224 girls) were placed in employment. 48 boys were employed as errand boys, 52 as pottery workers, and other posts filled were labourers, van-boys, brick and timber workers. 24 girls found work as resident and 59 as daily maids, and 32 were placed as shop assistants. Others were employed as laundry, pottery and factory workers, and as shop apprentices. The number of elementary school leavers during this period was 400 (202 boys and 198 girls). This total is the lowest recorded for several years. " The usual practice of visiting the schools towards each leaving period is carried on, and proves to be a most satisfactory way ot getting into personal touch with the children and head teachers. Children who are about to leave are interviewed, and records taken of occupations desired. At the same time, reports of the children's ability, etc., are obtained from the Head Teachers." (*vide* Committee's Report).

XXII. DIPHTHERIA INCIDENCE AND IMMUNISATION.

By George Chesney, M.B., D.P.H., Asst. Medical Officer of Health.

Incidence in Poole.

In the Annual Report of the School Medical Service for 1930, in reporting on the work of the Diphtheria Immunisation Clinic, I endeavoured to show that the epidemic of diphtheria, which, starting in 1928, reached its crest in 1929 with the high attack rate of 4.25 per 1,000 population, was the natural consequence of several years of relative freedom from infection, culminating in the remarkably low incidence rate of 0.04 in 1927. It was argued that the absence of the natural immunising effect of a normal incidence of endemic diphtheria had deprived the community of the opportunity to acquire gradually, either by actual attack or by contact inoculation, natural resistance in a sufficient proportion of the population to safeguard against epidemic outbreak, and as a result the rate of susceptibles had risen beyond the limits of safety at a time when diphtheria was becoming epidemic in other areas. Consequently, infection reaching the Borough found the community receptive to invasion, a widespread outbreak occurred, and the wave of infection was not held in check by the customary control measures in operation. The necessity to supplement the natural immunisation which accompanies epidemic outbreak was recognised, and active immunisation was commenced in October, 1929, and has been carried on since.

The following tables show the incidence of diphtheria in Poole over a period of 39 years, and give a comparison with the incidence in England and Wales and London since 1911. It will be observed that each quiescent period was followed by a distinct rise in the attack rate. For the nine years 1911 to 1919 the attack rate average was below the corresponding figure for England and Wales, but in 1920 a wave of infection raised the rate to nearly twice the rate for the whole country. Similarly the average for the years 1921 to 1928 was less than half that for England and Wales, but in 1929, an epidemic outbreak raised the incidence to nearly three times the incidence rate for the whole country.

Diphtheria Attack Rate per 1,000 Population.
Poole, 1894-1932.

1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906
2.39	1.05	0.57	1.67	1.59	1.23	0.58	0.71	0.84	1.17	1.62	0.91	1.02
1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919
1.50	1.38	0.89	2.07	1.25	1.70	1.21	1 57	0.77	1.06	1.06	1.11	1.87
1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
3.25	1.52	0.60	0.11	0.46	0.76	0.26	0.04	0.85	4.25	3.38	1.86	0.89

Poole, England and Wales, and London.
Diphtheria Attack Rate per 1,000 Population.

	Average 1895 to 1909	1910	Average 1911 to 1919	1920	Average 1921 to 1928	1929	1930	1931	1932
Poole	1.11	2.07	1.29	3.25	0.57	4.25	3.38	1.86	0.89
London	—	—	2.16	3.05	2.86	2.68	3.03	2.03	1.88
Eng. & Wales	—	—	1.40	1.86	1.33	1.59	1.85	1.25	1.07

In 1930 the incidence of the disease was still high, being 3.38, but in 1931 it dropped to 1.86, and in 1932 has receded to around 0.89. This reduction in incidence suggests that a period of relative freedom from diphtheria has once more been entered upon, and if history is not to repeat itself, it would appear highly desirable to aim at keeping the resistance of the community up to the reputed safety level by the active immunisation of at least the minimum required proportion of the pre-school group of the child population. The experience of those in charge of the anti-diphtheria campaign in New York State indicates that this safety level is maintained when at least 30 per cent. of the pre-school children are immune.

The Immunity Level.

The following necessarily approximate figures relating to the school population of the Borough give an indication of the present position regarding immunity to diphtheria.

In 1929-30, it was found on Schick testing that 18.7 per cent. of children were immune. Resulting from the wave of infection during 1929-31, the percentage of immunes has risen to about 25.5, as shown by the Schick tests performed in 1931 and 1932. This rise of 7 per cent. in the non-susceptibles is the result of contact immunisation, that is, the natural immunity developed by repeated small sub-infective inoculations with the bacillus received by contact with an actual case or carrier. (In this connection, the ambulatory nasal case plays an important part). There are at present 520 children under 14 who have had diphtheria, and 1,220 under 14 who have been rendered immune to diphtheria by prophylactic injections. This gives a total of 1,740 children who are not in danger of developing the disease. Taking this number from the total child population, which is approximately 10,000, there are left 8,260 children, of whom, according to the Schick test results, 25.5 per cent. have a natural immunity to diphtheria. As this percentage may not accurately represent the proportion of immune children under 10 years, in whom Schick testing as a routine has not been carried out, one may allow for a somewhat lower rate of immunity in the younger age group.

Taking the percentage of Schick negative children as 22, there are about 1817 of the 8260 children who are immune. This number added to the 1,740 who have acquired immunity by attack or by prophylactic inoculation gives a total of 3,557 out of 10,000 children who may be regarded as non-susceptible to diphtheria, a percentage of 35.5 immune. If the assumption that the safety level is in the region of 30 per cent. is correct, Poole would appear to have for the moment a margin of protection against a recurrence of epidemic incidence. How is this favourable balance to be preserved during a period when the natural agencies in the promotion of herd immunity are relatively inactive, since protection by attack and contact inoculation is not being to any extent acquired ?

The annual number of births is about 900, and the aim is to secure the prophylactic inoculation of at least one third of the yearly addition to the pre-school population. If 300 children under 5 years can be dealt with each year, the safety level will be maintained. To attain a yearly immunisation of 300 children under 5 years will be difficult, as the absence of diphtheria deprives anti-diphtheria propaganda of the " fear urge " which is an undoubted factor in the parental response to the gratuitous offer of inoculation. Continuous efforts are being made to bring home to the parents the value of protection before the child's entry into school life, but the indifference resulting from the absence of alarm is hard to combat. This indifference is shown by the drop in the number attending the clinic during 1931 and 1932, compared with the number during 1929 and 1930. In the latter period, when diphtheria was rife, 1,072 children were dealt with, whereas for 1931 and 1932 the number was 550.

The extremes in the swing of the pendulum of diphtheria incidence in Poole suggest the conclusion that a steady endemic infection such as is encountered in the large industrial cities is a definite safeguard by reason of the factor of concurrent natural immunisation, and that severe outbreaks following periods of low incidence in smaller towns and semi-rural areas cannot be prevented without resort to continuous artificial immunisation. On the other hand, to institute active immunisation in an area, and by this means to keep down the incidence over a period of years, thus diminishing natural immunisation, may lead to a grave danger in the future if, with the passing of the years a false sense of security develops in the absence of visible signs of danger, and the response to the offer of protection is not maintained.

I suggest that to neglect to maintain the present level of immunity in this area leaves open the door to a recurrence of epidemic infection in about seven years, when the present non-susceptible children have left the school and pre-school groups. On the other hand, to maintain the present level for several years by prophylactic inoculation, and then, through parental indifference, to fail to add the yearly quotum of protected children, would leave the oncoming school and pre-school group more dangerously unprotected than previously, as the natural immunising agencies would not have been functioning, due to the absence of infection.

Isolated local efforts would seem destined to ultimate failure, as an area with diphtheria constantly present in endemic form, if adjacent to an area where active immunisation had been widely practised for a time, and then forced to lapse through indifference in the absence of apparent danger, would prove to be a nidus of infection for the area in which diphtheria had been temporarily eliminated, and the latter area would sooner or later be invaded by an epidemic wave when its immunity percentage had fallen by default to a dangerous level. The present potentially dangerous low level of immunity to smallpox through absence of the disease and default in the practice of vaccination is suggestive of the possibilities arising in the future with regard to reduced diphtheria incidence and consequent reduced practice of immunisation.

Active immunisation as a means of preventing diphtheria, to be effective in its application to the community as distinct from its individual efficiency, must be carried out *continuously and in sufficient numbers in the pre-school group through the whole country*. To accomplish this, the whole-hearted co-operation and recommendation of the general body of the medical profession is necessary, backed by an active propaganda lead from the Central Public Health Authority.

The Immunisation Clinic.

Up to the end of December, 1932, 1622 persons were dealt with in the Immunisation Clinic. Of these, over 96 per cent. were under 14 years of age. As a routine, children under 10 were not Schick tested prior to immunisation, as it was considered that the percentage susceptible was sufficiently high to justify the omission of the test, and that it was desirable to reduce to a minimum the number of injections given, especially to young children. In this connection, the recommendation contained in the Ministry of Health Memo. 170/Med. of the use of three skin tests (the Schick, the Schick control, and the Moloney) as a preliminary to immunisation with Formol Toxoid, is feared will prove a drawback to the general employment of this type of prophylactic, though the high immunising value of Formol Toxoid and the desirability of the Moloney Test are recognised. In immunisation practice it is found that the real difficulty with young children (and with anxious parents) arises with the slow, deliberate, and relatively painful skin tests, whereas the rapidly given subcutaneous injection of the actual prophylactic is as a rule received without fuss or tears. If it were possible to combine the Moloney and Schick Tests, omitting the Schick control, which could well be dispensed with, the single skin test would be capable of more enthusiastic clinic acceptance than the proposed three separate skin tests. An experiment with this in view is at present being carried out in Poole, but so far the results do not indicate that a reliable reading can be obtained from a combined Moloney and Schick Test.

The prophylactic employed during the year was Toxoid Anti-toxin, and with one exception there were no general or local reactions of any import. This rare exception was a case of acute dermatitis following the immunisation of an adult. (A record of this interesting and exceptional case is being made the subject of a medical report elsewhere).

Of 549 persons Schick tested before immunisation, 436 were found to be positive, giving a Schick negative percentage over the period since the inception of the Clinic of 20.6. 1491 were given prophylactic inoculation, of whom only 28 received less than 3 injections.

The total number of Schick tests (primary and secondary) was 1,502, of which 549 were primary and 953 post-immunisation tests.

Of 236 children who were primary positives and were given three injections, 211 proved Schick negative about 6 months later, and of 625 children (the majority being under 10 years of age) who were immunised without primary test, 536 proved Schick negative on re-test, the respective percentages being 89.4 and 85.8 immune, as a result of three prophylactic injections.

All those who on post-immunisation Schick test gave a positive or doubtful reading were given a fourth dose of T.A.M., and all those who were retested after the fourth dose were found to be negative.

It is worthy of note that in the under 10 years group, the percentage completely immunised by three injections (as shown by a negative Schick test) was lower by approximately 4 per cent. than in the over 10 years group. The probable explanation is that a larger proportion of the older children had acquired, by contact with mild, sub-infective doses of infection, a certain amount of latent immunity which, though not enough to render them Schick negative, when stimulated by the prophylactic injections resulted in the rapid production of sufficient free antitoxin in the blood to render a higher proportion Schick negative, whereas in the younger children the opportunities for the natural stimulation of immunity by contact with others have from the point of view of age not been so favourable. A child of fourteen will have had more opportunity during his school life of acquiring a certain amount of latent immunity than a child of 5 who has just started school and left the restricted environment of the home.

Diphtheria in Immunised Children.

Of the 1,491 children immunised with three doses of T.A.M., only five are known to have developed diphtheria subsequently, and in each case the infection was contracted before sufficient time had elapsed to allow of the development of complete immunity. The cases made an uneventful recovery. None of these children had been found by post-immunisation Schick test to be immune, and no case of diphtheria has occurred, so far as is known, in a person who had been found to be Schick negative previously.

Duration of Artificially Acquired Immunity.

Four children who in 1929 were strongly Schick positive were immunised by three 1 c.c. injections of T.A.M., and were found six months later to be Schick negative, were re-tested exactly three years after immunisation, and were found to be still immune, and 2 children who gave negative Schick readings after immunisation in 1927 were found in October, 1932, to be still Schick negative.

Carriers Amongst Immunised Children.

There has been no evidence in this area that the artificially immunised child is any more liable to become a carrier than the child who has natural immunity. I am of opinion that the more highly immunised an area is, the lower will be the number of carriers. The main source of chronic carriers is pre-eminently the actual case of diphtheria. If there were no cases of diphtheria, there would be no carriers. The temporary contact carrier may be largely disregarded as an active danger, as the duration of his infection is generally very brief and, in the absence of morbid discharge, his potentialities as a spreader of infection are limited. The actual nasal diphtheria case, so frequently missed, and the convalescent carrier are the main radiants of diphtheritic infection. If the entire population were immunised, diphtheria as a disease would cease to exist, and the carrier condition would also disappear, as its source would have been eliminated.

Propaganda.

Leaflets explaining the advantages of immunisation are distributed at the School Minor Ailment and the Child Welfare Clinics; and at the School Medical Inspections the subject is brought to the notice of the parents, as without their sympathetic co-operation, successful immunisation of the child population cannot be accomplished. It is hoped that during a period of quiescence and freedom from epidemic infection, indifference on the part of parents will not lead to neglect of the opportunities offered them of having their children safeguarded from future diphtheria invasion, and that it will be remembered, especially in relation to diphtheria, that prevention is better than cure.

XXIII. MISCELLANEOUS.

Health Propaganda. Copies of the following are in possession of all Elementary School or Department Heads :—

Handbook : "Hygiene of the Mouth and Teeth," issued by the Dental Board of the United Kingdom.

Handbook : "Suggestions on Health Education," issued by the Board of Education.

Easily assimilated books of practical advice prepared by the Health and Cleanliness Council—"Keep Fit" for boys, and "Health and Beauty" for girls—are being distributed via the School Dental Clinics to the elder children.

The School population itself shared prominently in "Health Week," talks being given by the Medical Officer of Health to the Grammar School and to all the upper standards of the Elementary Schools on "The Use and Abuse of Sunlight." This willing co-operation of the School Staffs in the dissemination of Health information to the young has been for years a gratifying object lesson of which the Public Health Department would like to record its deep sense of appreciation.

The Elementary School children took part in a Prize Essay Competition on a relevant subject.

Irregular Attendances. Under the School Attendance Bye-laws 70 appearances were made before the magistrates. Fines were inflicted in 40 cases. Some unsatisfactory cases are included more than once in these figures.

Emergency Dressing Outfit for Elementary Schools. The following instructions issued to Heads of Elementary Schools explain the operation of this outfit, which was introduced in 1926 :—

BOROUGH OF POOLE.

SCHOOL MEDICAL SERVICE.

EMERGENCY DRESSING OUTFIT.

1. This box when issued contains the following :—

   1 kidney basin
   1 pr. Forceps.
   1 pr. blunt-pointed Scissors
   1 package safety pins.
   1 package 1½in. bandages.
   1 package 2½in. bandages.
   1 roll Boric Lint.
   1 bottle Tincture of Iodine.
   1 bottle Boric Acid crystals.
   1 Iodine Brush

2. Applications for fresh supplies of expendable contents should be made to the SCHOOL MEDICAL OFFICER, PUBLIC HEALTH DEPARTMENT, MARKET STREET, by written requisition signed by the Head of School or Department.

3. School Staffs will please note that this outfit is not designed to be an alternative to Minor Ailment Clinic attendance and treatment, and is not to be used as such.

   It is provided solely to allow of IMMEDIATE FIRST ATTENTION ONLY being given where considered necessary, until such time as the condition can be seen by the family Medical Attendant or the School Medical Officer.

R. J. MAULE HORNE
School Medical Officer.

Treatment Charges. The scheme of charges for Clinic treatment based on a scale of income and approved by the Board of Education is as follows :—

Conditions as to Free Treatment and Payments. Treatment at the Clinics is provided FREE for families where the weekly income from all sources is below the following figures :—

	No. of Children under 16 years.						
	1	2	3	4	5	6	7
Where both Parents or Guardians are alive	£1 10s.	£2	£2 10s.	£3	£3 10s.	£4	£4 10s.
Where one Parent or Guardian is alive	£1 5s.	£1 15s.	£2 5s.	£2 15s.	£3 5s.	£3 15s.	£4 5s.

For families where total weekly income is above these amounts, the following CHARGES per child are made, PAYABLE IN ADVANCE.

1. *Minor Ailments.* Free for first fortnight. Thereafter 1/- for three months' treatment.

2. *Provision of Spectacles.* Cost of spectacles.

3. *Dental Treatment.* Sixpence per attendance, or 1/- for two or more necessary attendances.

4. *Tonsils and Adenoid Treatment.* Tonsils alone, 5/-. Combined treatment, 7/6.

5. *X-Ray Treatment of Ringworm*, 5/-.

The amount received in reduction of the gross cost of the School Medical Service during the years 1929, 1930, 1931 and 1932 has been £37 1s. 0d., £27 15s. 0d., £29 18s. 6d. and £31 3s. 0d. respectively.

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   Group 1. Minor Ailments.
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   Group 3. Defects of Nose and Throat.
   Group 4. Dental Defects.
   Group 5. Uncleanliness and Verminous Conditions.
5. Statistics of School Attendance.

Table I.

RETURN OF MEDICAL INSPECTION.

A. Routine Medical Inspections.

Number of Code Group Inspections	
Entrants	952
Second Age Group	560
Third Age Group	766
Total ...	2278
Number of Other Routine Inspections	Nil

B. Other Inspections.

Number of Special Inspections	3167
Number of Re-Inspections	4929
Total ...	8096

TABLE II.

A. Return of Defects found by Medical Inspection in the Year Ended 31st December, 1932.

DEFECT OR DISEASE.		Routine Inspections No. of Defects. Requiring treatment	Routine Inspections No. of Defects. Requiring to be kept under observation, but *not* requiring treatment.	Special Inspections. No. of Defects. Requiring treatment	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment.
	Malnutrition	13	59	3	—
SKIN	Ringworm :				
	Scalp	—	—	3	—
	Body	—	—	12	—
	Scabies	3	—	24	—
	Impetigo	1	—	28	—
	Other Diseases (Non-Tuberculous) ...	7	39	143	20
EYE	Blepharitis	15	—	26	—
	Conjunctivitis	—	—	22	—
	Keratitis	—	—	—	—
	Corneal Opacities	1	—	2	—
	Defective Vision (excluding Squint)	100	—	126	1
	Squint	33	4	8	—
	Other Conditions	10	2	48	1
EAR	Defective Hearing	5	1	7	—
	Otitis Media	6	1	31	—
	Other Ear Diseases	18	5	29	—
NOSE AND THROAT	Enlarged Tonsils only	237	6	116	5
	Adenoids only	57	4	20	4
	Enlarged Tonsils and Adenoids ...	2	2	88	—
	Other Conditions	17	35	203	1
Enlarged Cervical Glands (Non-Tuberculous) ...		8	89	32	—
Defective Speech		6	5	3	—
HEART AND CIRCULATION	Heart Disease :				
	Organic	4	2	7	—
	Functional	6	35	8	—
	Anaemia	11	2	7	2
LUNGS	Bronchitis	42	16	23	—
	Other Non-Tuberculous Diseases ...	6	7	3	—
TUBERCULOSIS	Pulmonary :				
	Definite	—	—	1	—
	Suspected	5	—	13	—
	Non-Pulmonary :				
	Glands	1	2	6	—
	Spine	—	—	3	—
	Hip	—	—	1	1
	Other Bones and Joints ...	—	—	1	—
	Skin	—	—	—	—
	Other Forms	—	—	3	—
NERVOUS SYSTEM	Epilepsy	—	1	3	4
	Chorea	—	—	7	—
	Other Conditions	8	10	17	—
DEFORMITIES	Rickets	10	5	2	—
	Spinal Curvature	1	—	6	—
	Other Forms	29	18	33	4
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		4	37	1115	195

B. Number of INDIVIDUAL CHILDREN Found at ROUTINE Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

GROUP.	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
CODE GROUPS :—			
Entrants	952	295	30.99
Second Age Group	560	158	28.21
Third Age Group	766	213	27.80
Total (Code Groups)	2278	666	29.24
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Children suffering from Multiple Defect, *i.e.*, any combination of Total Blindness Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling or Heart Disease			3	1	4
BLIND (Including partially blind).	Suitable for training in a School for the totally blind	At Certified Schools for the Blind	—	2	2
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Suitable for training in a School for the partially blind	At Certified Schools for the Blind or Partially Blind	—	—	—
		At Public Elementary Schools	—	2	2
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
DEAF (Including deaf and dumb and partially deaf).	Suitable for training in a School for the totally deaf or deaf and dumb	At Certified Schools for the Deaf	1	—	1
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
	Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf or partially Deaf	—	—	—
		At Public Elementary Schools	1	1	2
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
MENTALLY DEFECTIVE.	Feebleminded	At Certified Schools for Mentally Defective Children	—	1	1
		At Public Elementary Schools	14	7	21
		At other Institutions	—	—	—
		At no School or Institution	4	1	5
	Notified to the Local Mental Deficiency Authority *during the year*	Feebleminded and Deaf	—	1	1
EPILEPTICS.	Suffering from severe epilepsy...	At Certified Schools for Epileptics	—	1	1
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
	Suffering from epilepsy which is not severe	At Public Elementary Schools	8	10	18
		At no School or Institution	—	—	—
PHYSICALLY DEFECTIVE.	Active pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	1	1
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	2	—	2
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	4	2	6
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Tuberculosis of the peripheral glands	At Sanatoria or Santorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	4	1	5
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Abdominal tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	1	2	3
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	—	1
		At Public Elementary Schools	1	1	2
		At other Institutions	2	1	3
		At no School or Institution	2	—	2
	Tuberculosis of other organs (skin etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	1	—	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate Children, *i.e.* all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School	At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	95	51	146
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	1	—	1
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	9(8)	12(9)	21(17)
		At other Institutions	—	1(1)	1(1)
		At no School or Institution	1(1)	1(1)	2(2)
	Children with heart disease, *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	8	10	18
		At other Institutions	—	1	1
		At no School or Institution	3	1	4

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1932.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN :—			
Ringworm-Scalp	3	—	3
Ringworm-Body	12	—	12
Scabies	24	—	24
Impetigo	28	—	28
Other skin disease	143	—	143
MINOR EYE DEFECTS :— (External and other, but excluding cases falling in Group II.)	96	2	98
MINOR EAR DEFECTS :—	67	—	67
MISCELLANEOUS (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	965	150	1115
Total	1338	152	1490

GROUP II.—DEFECTIVE VISION AND SQUINT (Excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with. Under the Authority's Scheme (2)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise (4)	Total (5)
Errors of Refraction (including Squint)	253	—	—	253
Other Defect or Disease of the Eyes ... (excluding those recorded in Group I.).	15	—	—	15
Total	268	—	—	268

Total number of children for whom spectacles were prescribed :—

(*a*)	Under the Authority's Scheme	122
(*b*)	Otherwise	—

Total number of children who obtained or received spectacles :—

(*a*)	Under the Authority's Scheme	113
(*b*)	Otherwise	—

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment. (4)	Total number treated (5)
Under the Authority's Scheme, in Clinic or Hospital (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total (3)		
123	6	129	95	224

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups

5—547
6—623
7—726
8—714
9—739
10—763
11—752
12—721
13—446
14— 64

Total—6095

Specials.—	*Nil*
Grand Total ...	6095
(*b*) Found to require treatment	3702
(*c*) Actually treated ...	1998

(2) Hours devoted to :—

Inspection – 133
Treatment – 385½
Total—518½

(3) Attendances made by children for treatment—1998

(4) Fillings :—

Permanent Teeth 420
Temporary Teeth 25
Total—445

(5) Extractions :—

Permanent Teeth 574
Temporary Teeth 3197
Total—3771

(6) Administrations of general anaesthetics for extractions, Gas – 886
Chloroform – 6

(7) Other operations :—

Permanent Teeth —
Temporary Teeth —
Total ——

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses ...	28
(2) Total number of examinations of children in the Schools by School Nurses ...	42916
(3) Number of individual children found unclean	72
(4) Number of children cleansed under arrangements made by the Local Education Authority	—
(5) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	—
(*b*) Under School Attendance Byelaws	14

TABLE V.

Statistics of Attendance, etc.

School.		Recognised Accommodation	Average Attendance	Average number on register.	Percentage
COUNCIL SCHOOLS.					
Lagland Street	Infants' Department	394	252	293	86.0
Hamworthy	Mixed & Infants' ,,	540	436	494	88.3
Branksome Heath	Boys' ,,	280	256	275	93.1
,,	Girls' ,,	303	254	281	90.4
,,	Infants' ,,	190	299	342	87.4
Heatherlands	Boys' ,,	312	251	281	89.3
,,	Girls' ,,	300	293	324	90.4
,,	Infants' ,,	300	236	271	87.1
Oakdale	Mixed ,,	410	286	311	91.9
Courthill	Mixed ,,	400	364	395	92.2
,,	Infants' ,,	250	150	176	85.2
South Road	Boys' ,,	290	278	300	92.7
,,	Girls' ,,	290	257	269	95.5
Martin Road	Mixed & Infants' ,,	320	288	319	90.3
NON-PROVIDED SCHOOLS.					
St. Aldhelm's	Boys' ,,	232	220	242	90.9
,,	Girls' & Infants' ,,	419	319	357	89.4
Parkstone C. of E.	Mixed ,,	382	294	323	91.0
,,	Infants' ,,	140	101	114	88.6
Longfleet	Boys' ,,	240	245	265	92.5
,,	Girls' ,,	164	162	175	92.6
,,	Infants' ,,	164	148	171	86.5
Poole C. of E.	Boys' ,,	279	233	252	92.5
,,	Girls' ,,	243	185	215	86.0
,,	Infants' No. 1 ,,	120	111	136	81.6
St. Mary's R.C.	Mixed & Infants' ,,	103	111	126	88.1
Russell-Cotes' Nautical School	Boys' ,,	70	83	90	92.2
Total	... ...	7135	6112	6797	89.9